ADEQUACY OF CARE PROVIDED VIETNAM-ERA VETERANS THROUGH VET CENTERS AND THE VA DRUG AND ALCOHOL TREATMENT PROGRAMS

HEARINGS

BEFORE THE

SUBCOMMITTEE ON
HOSPITALS AND HEALTH CARE

OF THE

COMMITTEE ON VETERANS' AFFAIRS
HOUSE OF REPRESENTATIVES

NINETY-SEVENTH CONGRESS

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ADEQUACY OF CARE PROVIDED VIETNAM-ERA VETERANS THROUGH VET CENTERS AND THE VA DRUG AND ALCOHOL TREATMENT PROGRAMS

THURSDAY, AUGUST 26, 1982

House of Representatives,
Subcommittee on Hospitals and Health Care,
Committee on Veterans' Affairs,
Washington, D.C.

The subcommittee met, pursuant to call, at 8 a.m., in the Lincoln room, Alex Johnson Hotel, 523 6th Street, Rapid City, S. Dak., Hon. Thomas A. Daschle, presiding.

Present: Representatives Daschle and Dorgan.

OPENING STATEMENT OF HON. TOM DASCHLE, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF SOUTH DAKOTA

Mr. Daschle. The hearing this morning is one in a series of hearings that we are having on a number of issues related to Vietnam veterans.

Ron Mottl, the chairman of the Subcommittee on Hospitals and Health Care, has asked Congressman Byron Dorgan from North Dakota and myself to participate in a series of hearings, two of which will be held today; the first here in Rapid City and the second in Bismarck, N. Dak., beginning at about 1 o'clock this afternoon. We have a great deal of ground to cover.

As those of you who received a letter to testify are aware, the purpose of the hearing this morning is to learn from the VA, from veterans' service organizations, and from Vietnam veterans, of the adequacy of the psychological readjustment and counseling programs; the alcohol dependency and drug programs; and medical care provisions for Vietnam veterans who have disabilities that may be related to agent orange as well as a range of other issues that may have a direct or indirect impact on Vietnam veterans who are living in the upper Midwest.

It is a series of hearings for which I have looked forward to for some time. We have been working on some of those issues, as many of you know, for the last 3 years. I think we have made a great deal of progress but the time to check on that progress is after the legislation has been in force for some time.

We have had somewhat successful luck, I think, in the last year in enacting legislation that I think has been very helpful but I think now we need to take an inventory.

We need to see how helpful it has been, what changes may be necessary, if any, and see how the programs that we had envisioned a couple of years ago are being implemented.

So, that is the purpose of the hearing. We have a lot of witnesses this morning. If you have not seen the witness list, I think it includes perhaps some 20 witnesses. So what we would like to ask is that each person limit their testimony to 5 minutes. We will then ask questions as the panel has completed its testimony and if anyone has additional information, or additional comments that they would like to provide the committee, we would be happy to take that in writing at any time.

So, with that, I want to welcome all of you here. We have with us Ralph Casteel, the counsel to the subcommittee. He has been extraordinarily helpful to me over the years in providing information and direction as we go through the legislative process.

Miss Bea Eld is with us as well, and Congressman Dorgan from North Dakota.

At this time I turn it over to Congressman Dorgan for any comments that he might have.

Mr. DORGAN. Well, thank you, Tom.

I think Tom has covered on the introduction that our interest really is to analyze what the veterans programs are accomplishing, what particular problems there might be with respect to Vietnam veterans and the programs we set in place for them; what peculiar programs that we might be experiencing as a result of agent orange, whether the program that we have designed to try and test for agent orange and analyze what the effects are, and whether those programs are working. I am just very anxious to listen to the testimony .

Thank you very much.

Mr. DASCHLE. We have had a number of pieces of legislation, including H.R. 6955, the Omnibus Budget Reconciliation Act, that affects some of these programs that you may be interested in.

H.R. 6350, the Veterans' Administration Health Care Programs Improvement and Extension Act of 1982, both of which include changes, have some relevance and as time goes on, I hope we can discuss these pieces of legislation and get your comment on them.

So, without any further comment, let me bring on the first panel comprised of Dr. Charles Townsend, the Chief of Staff of the VA Medical Center at Fort Meade; Mr. Thomas Wheaton, Director of the VA Medical Center in Hot Springs, and Dr. Jerry Simmons, from the VA Medical Center in Sioux Falls.

If those three gentlemen would come forward we would be delighted to have our testimony.

STATEMENTS OF DR. CHARLES TOWNSEND, CHIEF OF STAFF, VA MEDICAL CENTER, FORT MEADE, S. DAK., ACCOMPANIED BY DR. MICHAEL J. FELLNER, CHIEF OF PSYCHOLOGY, FORT MEADE VA MEDICAL CENTER; THOMAS F. WHEATON, DIRECTOR, VA MEDICAL CENTER, HOT SPRINGS, S. DAK., AND JERRY LEE SIMMONS, M.D., CLINICAL CHIEF, LABORATORY SERVICE, VA MEDICAL CENTER, SIOUX FALLS, S. DAK.

Dr. TOWNSEND. I am Dr. Townsend. Dr. Fellner will read the testimony today.

[The full statement of Dr. Townsend appears on p. 95.]

Mr. DASCHLE. Let me just say at the outset that because I decided not to use microphones, they are cumbersome and just didn't seem very conducive to a good hearing, I have chosen not to use them, but in not using them I am hoping we can keep it as quiet as possible so that everyone can hear the witnesses. At this time we will begin with Mr. Wheaton.

STATEMENT OF THOMAS F. WHEATON

Mr. WHEATON. Good morning, Congressman. It is a pleasure to have an opportunity to speak to the committee this morning. I will be honest with you. I am not really familiar with the procedure that the committee was going to use in the oral comments this morning. At Hot Springs we have had an opportunity to present in writing some of our comments relating to readjustment counseling, the drug and alcohol programs, and with the agent orange program.

I think our writeup from Hot Springs indicates a favorable reaction to all three of the particular endeavors. We have had 160 total agent orange examinations that have been completed at the VA Medical Center at Hot Springs since the inception of the program.

As we indicated in the writeup, we have a 30-bed alcohol unit which is functioning with over a 90-percent occupancy rate.

I would like to pass along to the committee one particular item. The Congress made available to the Veterans Administration funds for the Outreach program in addition to our vet center here in Rapid City. Unfortunately, we have not had good luck with this. The difficulty has been after bidding we received about nine inquiries from different individuals, three of them turned out to be legitimate.

However, two of the three did not meet the criteria established by the VA and the Congress, and the third happened to be outside our service area.

So I would pass on to the committee that it has been very difficult for us in western South Dakota to utilize those funds. We are talking specifically now about the areas not covered by the immediate vet center.

I am talking about up in Pierre, down in Chadron, that particular section of the country. It is very difficult to get qualified people to provide that kind of a service.

Thank you.

[The prepared statement of Mr. Wheaton appears on p. 98.]

Mr. DASCHLE. Dr. Simmons.

STATEMENT OF DR. JERRY LEE SIMMONS

Dr. SIMMONS. My name is Jerry Simmons. I am an agent orange exposed Vietnam veteran. I served in Vietnam with the 101st Airborne in 1968 and 1969. Prior to that I interned at Fort Sam Houston in San Antonio, Tex. and happened to be assigned to the orthopedic service during the Tet offensive for that year.

We saw many injured Vietnam veterans within 24 hours after their field injuries during that spring.

I served as a flight surgeon while I was there and I was out in the field in defoliated areas in Vietnam and also we were assigned to the Pathfinders and provided the medical support, often going in with them first into the hot LS's. So I feel I have a relatively good understanding of what the Vietnam veterans went through.

Like most other Vietnam veterans, I have experienced several conflicting feelings in my own life. Most recently with the return of the prisoners from Iran. I know a lot of us were quite upset with the way we felt about that, but that is neither here nor there.

Some of my background includes the fact that after the service I took a residency in pathology at the University of Michigan and stayed on staff there assigned as full-time physician at the Veterans' Administration Hospital in Ann Arbor where I was until the spring of 1981 when I moved to Sioux Falls, S. Dak.

To set the record straight, at the present time I am not a Veterans' Administration employee although my position is geographic full-time clinical chief of the laboratory service.

I worked for a laboratory of clinical medicine who has a contract with the Veteran's Administration to provide those pathology services. Due to my experience in the Veterans' Administration system I was the logical choice for this and was recruited specifically for that particular job.

As far as the Sioux Falls VA, I can only speak for what has occurred during the last year. In my experience there the physicians and the administrators have a very good attitude toward Vietnam veterans and they are working very hard to make sure that things are properly taken care of.

There are multiple difficulties, however. One is that we do have an alcohol and substance abuse program which although active is not funded at all by the Central Office. The Sioux Falls VA, as all the VA's, are short on positions. This is particularly critical in the laboratory where we are 10 full positions down which is almost a third and, it does affect the admissions in caring for veterans, especially Vietnam veterans.

I think this is true in facilities throughout the Veterans' Administration.

I would like to say that our facility makes use of adjacent veterans centers. I think those peer counseling rap centers have been a key issue in Vietnam veterans understanding some of their own problems.

In the middle of the 1970's, I was involved with the PDB incident that occurred in Michigan, that is polybromine biphenyls. Since that time we became interested in environmental contaminants and agent orange is just another one of those.

Also when I was in Michigan I became peripherally involved with some other Vietnam veterans groups, including Citizen Soldier. Although I was not active in them I did some counseling and became friends with several people and would reiterate many stories that they told.

I had the opportunity to work with them. At that time we attempted to save some fat samples from Vietnam veterans either from surgery or from autopsies, and we found that this was discouraged by both our local station and by Central Office because there were not facilities to analyze them or to store them or any repository for them.

To my knowledge, with a few exceptions, that still is correct.

I brought this statement up to the panel, I think it was the third or second International Agent Orange Conference, which was in Washington, D.C. this October, which I had the opportunity to attend and their comment was that they felt that the fat sample analysis was too expensive and also would be meaningless because no one really knows what these levels mean anyway.

To that I counter, if we don't do some examination of these fat samples we won't ever know what these levels mean and perhaps we don't.

One thing I think the general public does not realize is that there was as much if not more agent orange used in the United States during the time it was sprayed in Vietnam as was used in Vietnam.

I think great strides have been made in the last year mainly because of the fact that the Vietnam veterans themselves have pushed the Veterans' Administration and our Government in insisting, fortunately through efforts of Congress, men like yourselves, that we do something about our problems. No one at the present time knows what is causing the problems that Vietnam veterans have.

The information that we need is not in. There is a great need to gather more information and studies must be funded for this. And I would like to state at this time that some research money was offered by Congress and legislated by Congress to study some of the efforts of Vietnam veterans and immediately then, those of us who were interested in doing this type of research were immediately told that they did not want human proposals. They only wanted to do animal work which we thought was a ittle bit strange.

But, anyway, nevertheless several us us proposed animal subjects. Our proposal was turned down. They didn't like certain aspects of it. However, we did call Central Office. We asked for information on how these research proposals were judged and how they were awarded. We specifically wanted to ask questions on where their Vietnam veterans that were on the panel that reviewed these research proposals and did the fact that there were Vietnam veterans on the investigator list proposing these proposals, was that taken into consideration?

I have called the Central Research Office several times to request this information in writing.

We also asked what the subjects of these research proposals were and where they were geographically located because all of us in this part of the country feel that there is an undue number of research proposals which are distributed at either coast and not very much is coming to the Central Midwest. This is something we think maybe is perhaps inappropriate.

But that is not either here nor there. One of the reasons it is important to bring this subject up right now is that the use of research does attract qualified physicians and others into the Veterans' Administration system and, therefore, enables us to have perhaps a little better care of our Vietnam and other veterans.

As I mentioned before, one other thing I would like to mention, we do have a stay-in-school program in Sioux Falls and I think throughout the country.

The major problem we have with the stay-in-school program is that there is an age limit on it, and I just cannot figure out why there is an age limit on it. To me that is against our antidiscrimination laws. The age limit is 22. As soon as a student turns 22 they are automatically fired from the program. This almost precludes us using any Vietnam veterans at all in that program.

I would suggest that is something that should be looked into and changed.

Another item that I would like to bring up——

Mr. **Daschle**. Dr. Simmons, we are running out of time and I do have some questions. Perhaps you can finish your statement during the question period.

[The prepared statement of Dr. Simmons appears on p. 99.]

Mr. **Daschle**. Our final witness on this panel is Dr. Fellner. Dr. Fellner, as I understand it, you are the head of the psychological part of the Fort Meade Center; is that correct?

STATEMENT OF DR. MICHAEL J. FELLNER, CHIEF OF PSYCHOLOGY, FORT MEADE VA MEDICAL CENTER

Dr. **Fellner**. Yes, sir.

Mr. **Daschle**. I am interested, in particular, with some of the issues related to the number of people coming in for agent orange physicals and all of the various services that Fort Meade is supposed to provide.

Are you in a position to talk about all of that or are you only in a position to talk about the psychological aspects of it?

Dr. **Fellner**. I would say I am in a much better position to discuss the psychological aspects of treatment and care that we are offering.

Dr. **Townsend**. Congressman Daschle, I have the other information. I will be able to provide that for you.

Mr. **Daschle**. Well, under those circumstances, then, perhaps you can go ahead, Dr. Fellner.

Dr. **Fellner**. I would like to take the opportunity to describe to you the steps we are taking in providing readjustment services and treatment for Vietnam-era veterans. First, I would like to give you some of the statistical trends that we have noticed in our veteran population out at Fort Meade.

In fiscal year 1980, out of 2,697 inpatients treated, 568 were of the Vietnam-era or 21 percent of the total.

In fiscal year 1981, out of 3,094 inpatients treated, 716 were of the Vietnam-era or 23 percent of the total. And although we do not have comparable statistical data analysis for fiscal year 1982 yet, our unanalyzed data so far indicates that that trend toward an increasing number of Vietnam veterans is continuing.

Furthermore, in fiscal year 1980, 69 percent of those Vietnam veterans were treated in psychiatric bed sections. In 1981, it was 71 percent.

Once again, although we do not have the compiled data yet for 1982 unanalyzed data that we have indicates that that trend is also continuing and a greater percentage of the Vietnam-era veterans in the hospital are being treated in psychiatric bed sections.

In the past 3 years we have seen a greater number and percentage of Vietnam-era veterans requesting psychiatric treatment for problems they are experiencing, because of this trend and in the interest of providing more relevant and appropriate treatment intervention for this population major changes in philosophy of treatment began to be implemented in 1981 and led to a formal proposal for a therapeutic community unit or ward for Vietnam-era veterans that was submitted to top management on July 8, 1982.

This proposal outlined major changes in treatment philosophy and established treatment programing for patients on the unit.

I would like to discuss with you some of what we are doing in that regard. Some of it is relatively new, and not all of it is fully implemented, and I will go into our difficulties with that as well.

At the core of the program is a therapeutic community model. We are trying to increase the importance of patient government and get it established so that the staff-patient friction that often occurs in an inpatient unit can be reduced.

We are trying to have the barriers of staff, patient division decreased. We are trying to make sure that patient government can be an advocate for patient care and serve as a sounding board for patients' difficulties and problems while also serving as some valuable involvement for patients in ward management and policy setting.

Some of the treatment groups that we have been able to establish on that unit, again, some of those are either full state of operation or becoming that, one of them is a combat group which is specifically designed for Vietnam combat veterans and it is operated by Dr. Magnavito at the moment. Dr. Magnavito is the head of the Veterans Outreach Services.

We are fortunate to have him come up to the facility and run combat groups for our inpatient population.

We also were having, for a while, a suicide prevention group which has momentarily or temporarily been stopped because of staffing considerations and probably will be revamped and get going again probably within another month.

We did develop a communications group that is being operated by our speech therapist. This group concentrates on getting participants better able to communicate their fears, feelings of anger, feelings of inadequacy, depression, and also love for others in a more socially accepted and honest way.

We are also starting an alcoholism, drug abuse group. This would be for patients who are on this therapeutic community unit but who have secondary diagnoses or secondary problems of alcohol or substance abuse.

We are also setting up, or have set up, a group called a couples group. Where feasible and appropriate, where a patient has a significant other or spouse we are dealing, in the evening, with them as couples so that they can better learn to communicate with each other, discuss possibly some of the issues that have, in some cases, never been brought up about Vietnam, and to handle the marital stresses that ensue.

Not set up yet but should be within 3 months is a vocational planning group. This group would focus on developing sound job readiness skills and discuss employer and employee relationships. The purpose of the group is to increase the degree of employability of patients and to better understand those aspects of themselves that interfere with successful job placement, and explore solutions.

In addition to the groups, we have been making a lot of changes gradually in our recreation programing. We have tried to emphasize more team sports, sports and things that would be more relevant to the Vietnam veteran population.

We have had a lot of softball games that have been occurring over the last 2 or 3 months. Some of these are the Outreach program—we played the Outreach program in Rapid City. We had a game where they played against the staff.

The way these have developed, each game has been publicized by the patient participants themselves, using a lot of cartoons and posters that get displayed throughout the hospital.

A lot of spirited humor prevails prior to and during each game.

In the game against staff members, top level management is encouraged to participate in the event.

Another thing that we are trying to encourage that I really feel strongly about is expressionism and creativity. We are finding that a lot of veterans we have on the unit have a lot of artistic creativity, some of it in art, some in literature and some in music, and we are trying to encourage this wherever we can.

Right now we are in the process of setting up a mural that the patients will design and paint in one of the hospital corridors.

In addition to that, we are offering individual treatment, of course, in a wide variety of areas. We have had some difficulty in making these changes. I guess change is never easy. Various groups have been of a lot of help in getting these changes done. One of them is the Veterans Outreach Center in Rapid City.

They have not only conducted groups for combat vets in the hospital but they have done a lot of staff education as well.

Mr. DASCHLE. If you could summarize in the next couple of minutes it would be helpful, Dr. Fellner.

Dr. FELLNER. The programing that was set up, I think one of the things that is important about it is that it was set up with veterans input from its very inception. We got a list of changes that they felt they wanted to have made on the ward and where we could we were able to implement them.

Our biggest difficulties in total implementation of this is the number of staff that we have available to run all the groups and handle all of the other issues.

I think where we have made our greatest strides is in more thorough diagnosis, especially of post-traumatic stress disorder and in some of the areas of recreation and artistic expression.

I think we are trying to combine the strength of the veterans and the VA staff in a rather unique and positive way that can be of help to both groups in developing more understanding with each other.

I guess I will stop at that point.

Mr. DASCHLE. I appreciate your testimony and your cooperation this morning.

Let me thank all of you.

I have a number of questions that I would like to pursue and maybe if we can start with Dr. Fellner.

Dr. Fellner, you have have touched on this and I would be interested in knowing what percent of an increase you have seen with regard to treatment of Vietnam veterans in the last couple of years.

First of all, for drug abuse and counseling. Have you got a percentage increase noted in your testimony somewhere?

Dr. FELLNER. Yes. In fiscal year 1980 we saw 360 Vietnam-era vets and that was 21 percent. That has increased in 1981 to 23 percent and it is increasing again but I can't tell you how much because the fiscal year hasn't ended yet. I don't have that data.

Mr. DASCHLE. I think you may have mentioned already and I want to make sure I have the figures right, the number of agent orange examinations provided in the last several years.

Dr. TOWNSEND. I can give you that. The number of agent orange examinations done was 406 total.

Mr. DASCHLE. How many in the last year?

Dr. TOWNSEND. That I don't have. The followup currently conducted is 150. How many are currently scheduled for examination but haven't been done was one. We have been doing approximately four per month.

Mr. DASCHLE. What is the amount of time usually between the initial examination and the followup, the average amount of time?

Dr. TOWNSEND. I don't know that.

Mr. DASCHLE. Could you submit that to us?

Dr. TOWNSEND. Yes.[1]

Mr. DASCHLE. That would be very helpful.

Dr. TOWNSEND. Actually it is relatively short. Many scheduled patients are scheduled two or three times before they finally arrive because of their own conflict of interests. But letters are sent out to all the patients. We have all the information following exactly the instructions.

Mr. DASCHLE. I would like to ask if anyone can answer this, that initial examination is quite an important one in terms of establishing credibility and obviously showing that we have an interest in this.

What would you say the average length of time the initial examination takes with a Vietnam veteran?

Dr. TOWNSEND. Is that including laboratory work?

Mr. DASCHLE. Well, the actual work with the veteran himself?

Dr. TOWNSEND. Well, I did studies on these myself just to get a feel of what is happening as Chief of Staff. Like I say, I would probably spend approximately 45 minutes with the patient, and prior to that time the information concerning where he was, exposure and trying to make a determination of the amount of exposure would vary from probably 30 minutes depending on the complication of whether he moved around in Vietnam and so forth.

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[1] Retained in committee files.

Mr. **Daschle**. So you are saying that as far as Fort Meade goes, and I would be interested in Hot Springs, you are saying the initial examination with the veteran takes about 30 to 45 minutes?

Dr. **Townsend**. That is my experience.

Mr. **Daschle**. Your personal experience or Fort Meade's experience?

Dr. **Townsend**. Fort Meade's experience.

Now, the time that I spent with the patient is anywhere from 30 to 45 minutes. Prior to that time we have filled out a lot of information concerning his movements in Vietnam which probably takes another 30 to 45 minutes.

Mr. **Daschle**. I see.

Mr. **Wheaton**. Mr. Chairman, at Hot Springs our actual time spent with the veterans to complete the rather lengthy form that is required has been running at Hot Springs closer to 1½ to 1 hour and 45 minutes. That is just the initial interview with the physician. That is excluding all the blood work and anything else that has to be done.

As of this morning we completed 160 agent orange examinations at Hot Springs. The average length of time is taking about 7 days from the time the veteran contacts us until the time of the actual physical exam is scheduled.

The reason for the 7 days is mostly because of requests by the veterans. We can do it in a much shorter time than that. He has asked for that kind of a delay.

Mr. **Daschle**. Let me ask all of you, Dr. Fellner, Dr. Wheaton, Dr. Townsend, have you received any instruction from the Central Office with respect to Outreach efforts to notify Vietnam veterans of their eligibility for health care treatment under the new agent orange provision?

Dr. **Townsend**. Well, the last professional letter we got was in March 19, 1981. After we examined the patients we do send a letter either of positive findings or negative findings.

Mr. **Daschle**. This is after the examination?

Dr. **Townsend**. After the examination, yes.

Mr. **Daschle**. What I was asking is have we sent any notifications out to veterans telling them that this service is now available?

Dr. **Townsend**. To every veteran?

Mr. **Daschle**. Have you received any request by Central Office to do that, or have you taken the initiative to do it yourself to Vietnam veterans?

Dr. **Townsend**. No. We are not sending them out as far as I am aware. The Outreach program, if they are aware they refer them in, but as far as I am aware of sending out——

Mr. **Daschle**. Has there been any general information disseminated about this new service provided?

Dr. **Townsend**. The only thing that I am aware of are the pamphlets which are provided.

Mr. DASCHLE. Well, are they sent out? How are the pamphlets put into the hands of Vietnam veterans?

Dr. TOWNSEND. Either through the Outreach program or when they come into the hospital.

Mr. DASCHLE. So they have to come into the hospital to know the service is available?

Dr. TOWNSEND. As far as I am aware.

We make them available in our outpatient clinic so partially the veteran does have to come into the hospital.

We have also used opportunities when we discussed these situations with veteran service organizations and tribal council officers. Whenever we have an opportunity to meet we use those opportunities to pass the word, not to the Vietnam veterans per se, but to the people who will be working with the Vietnam veterans.

We have made a number of the agent orange pamphlets, for example, available to some of the services.

Mr. DASCHLE. Have either of you checked with local veterans' organizations to see whether they would be willing to put information in their publications to see that that information gets disseminated? Have either of you attempted to do that?

Dr. FELLNER. Mr. Chairman, I think we also had press releases that went through the Rapid City Journal.

Mr. WHEATON. Also used films, Mr. Chairman, on agent orange. We had a beautiful cassette that came out of Washington that we tried to show to as many veterans' organizations as we could and we made that available in the facility so they could watch it while they were watching the outpatient clinic.

Mr. DASCHLE. The only concern that I have, I guess, is that as I talk to Vietnam veterans I tell them about the changes that have been ongoing now in Washington and so few of them know about it. Most of them say that they are unaware of any kind of change in their health care eligibility or in the outlook that they see for health care, and I guess that tells me that somewhere between the time that we actually enact these new programs into law and the time they are supposed to be administered there is a major crevice where everything is falling through and we just aren't getting the word out through the Outreach effort.

November 3, 1981, the new law was enacted, including a provision which requires extensive information dissemination.

Let me ask you this. Does the Central Office ever call or visit to check your adherence to this law, to the requirement that we do disseminate this information, that we get the word out?

Have you had anybody come from the office to see what we are doing?

Dr. TOWNSEND. We have to send in a monthly report to Central Office of the numbers we are seeing and so forth.

Mr. DASCHLE. You just send in a report to the Central Office on a monthly basis?

Dr. TOWNSEND. Yes.

Mr. DASCHLE. I see.

And do they acknowledged the fact that they are doing anything with the information after you send it to them?

Dr. TOWNSEND. Not as far as I am aware.

Mr. **Casteel.** Dr. Townsend, does this report have to do with agent orange examinations on the medical care of the Vietnam-era veteran?

Dr. **Townsend.** It has to do with agent orange examinations?

Mr. **Casteel.** In other words, it doesn't have anything to do with Public Law 97-72 which said that the VA would provide hospital or outpatient care to agent orange Vietnam-era veterans who served in the country.

I think this is what Mr. Daschle is referring to more than the agent orange examination.

Dr. **Townsend.** Well, of course, all I can say is our acceptance rates are based on veterans who present themselves for treatment is about 99.8 percent.

Mr. **Daschle.** Your acceptance rate of veterans who come in?

Dr. **Townsend.** Right.

Mr. **Daschle.** I think that is commendable and in that part of it I am anxious to hear from two veterans who have had the treatment to see what their analysis of it is but it sounds like we have made some progress there.

My only concern stems from the comment that seems to recur as I talk to veterans about their inability to obtain information except if they actually go into the hospital and get the pamphlets.

Most of these veterans are just unaware of the services that are available to them.

Dr. **Townsend.** In every agent orange examination that is done we are talking about the ones that are out there that have not somehow been discovered?

Mr. **Daschle.** That is correct, not only agent orange but all of the services that we should be providing.

Dr. **Townsend.** In every agent orange examination that is done there are negative findings and negative reports.

We also put on there that in case you should have any medical difficulties or anything in the future, please report back to us, this type of thing.

Mr. **Daschle.** I have some questions for Dr. Simmons, too. Perhaps Byron wants to address this.

Mr. **Dorgan.** How many Vietnam veterans are there in South Dakota? Does anyone have this information?

Dr. **Lee.** 18,000.

Mr. **Dorgan.** Is there any indication of how many of those 18,000 have been exposed to agent orange?

Dr. **Lee.** Most of them were in combat. I think that figure is close to 88 percent.

Mr. **Daschle.** We might want to address it to the witness. If they don't have it we can get it in later testimony. There are some comments here that I am not sure for Brenda's purposes we can add for the record. I think Dr. Bob Lee indicated there were 18,000.

Mr. **Dorgan.** I think Congressman Daschle is trying to get at the fact that we passed legislation to create a situation in which people who were exposed to agent orange in Vietnam would be able to be tested and go to a facility and discover whether they are having any difficulties as a result of that or connected to that. And it occurs to me and also to Congressman Daschle that even though we have enacted legislation to accomplish that and move forward and see what has happened out there that there isn't a lot of information going to Vietnam veterans who have been exposed on exactly where to get tested and what you might have as an opportunity here.

I think it is the committee's feeling that we want people who want to be tested to know that the availability exists and to go ahead and get that done so that we have some idea of what the reult of all of this is.

Mr. **Daschle**. Dr. Simmons?

Dr. **Simmons**. Just for the record, I would like to add the Sioux Falls figures so that we can have an overall figure of the agent orange.

We have had a total of 868 agent orange examinations in the Sioux Falls facility. One thing we have noticed, though, is that there has been quite a considerable falloff in the number of agent orange exmainations we have been doing over the last few months and this is, I think, rather interesting, particularly in the face of considerable publicity now and the increase of benefits and other things or at least the possibility for increased benefits that agent orange exposed veterans may have. I really don't know what to say about this.

Also for the record, our agent orange exams run about 1 hour. Many of the physicians have told me they would like to spend more time with their veterans but their workload does not allow them to do that. Followups are about 2 weeks.

Also for the record, I would like to state that these agent orange health exams are general physical examinations. They do not tell you whether you have been exposed to agent orange or not and although the records are there I would encourage people to have them, they will not necessarily tell you if you have been exposed to agent orange and will not necessarily pick up all the things that need to be done.

I am not so sure we have the ability in medicine to really test all these things right now.

Mr. **Daschle**. Are you familiar with the ongoing research, Dr. Simmons, and if you are, do you feel that we are headed in the right direction?

I know that there are numerous studies ongoing. I know that you were denied funding for a certain kind of research into agent orange and agent blue.

We have just appropriated $4.7 million in new appropriations for research on agent orange in the next fiscal year. Actually, this was for the supplemental, wasn't it?

Mr. **Casteel**. No, sir, it was in 1983.

Mr. **Daschle**. OK, that was the 1983 budget.

In your direction to the committee, any comment that you could give us with regard to the approach we are now using would be very helpful.

Dr. **Simmons**. I thank you for that opportunity.

One, I have tried to keep current on what is going on with agent orange both in the veterans system and without. I have been in contact with several people throughout the United States, including Dr. Dweir of Stonybrook, N.Y. He is the psychologist who is heading up a team along with several other people to look at the effects of agent orange in the Vietnamese people. There have been several things ongoing with that.

But one thing I think it is important to do is continued animal research. That is important, yes. But it may be even more important to begin to look at some of our Vietnam veterans. Maybe we can find something that we can pick up on whether these people have had that.

Also, it is very important to continue our research into clinical methods. I think there should be more emphasis made on people. There may be less on animals.

Mr. DORGAN. Dr. Simmons, excuse me for interrupting but you indicated earlier that more agent orange was used in the United States than in Vietnam during the comparable period.

Can you give me some background on that?

Dr. SIMMONS. I would refer you to one of the two volumes. This is the review of literatures on herbicides. Also, the statement was made at the International Conference on Agent Orange that I attended in Washington in 1981, so this is a relatively well-known thing.

What the problem is, is that agent orange is a contaminant of herbicides that were sprayed throughout the United States, on rangelands here in South Dakota, along railroad right of ways, and indeed, throughout the world.

We really don't have a good handle on how much contaminant there was in the various herbicides and there is no way we can get that good handle.

A couple of other things, we are all focusing on agent orange and there are several other things that we need to look at—I think you should look at. One is Dapsone. We have a little white pill that we have no idea what that really does in combination with agent orange and pesticides.

In my research it was criticized that I insisted on using alcohol in combination of agent blue because agent orange was too dangerous to work with. I was criticized by saying that the consumption of alcohol had no relation to the carcinogenic or other problems with this which is absolutely not true.

I can cite several works on that sort of thing except that in the past we have not looked at combinations. The problem with human research is that we are in such a milieu of environmental contaminants that we can't pick out agent orange and agent blue versus whatever else we have.

In Michigan, for instance, PCB's and pesticides. There were pesticides sprayed in Vietnam, too. We haven't looked at these.

Mr. DORGAN. The reason I asked about how much agent orange was used in this country is that it seems to me that the amount of contaminant dumped in a relatively small geographical area like Vietnam compared to how much is used in this country is relatively meaningless because you have such different quantities in a comparable area.

I think that is one of the concerns.

Dr. SIMMONS. Except it wasn't spread equally throughout the United States. This was only spread in certain areas. It is not that we just sprayed willy-nilly throughout the United States. The other thing is that there was a lot of agent orange used on parameters. I went on parameter patrols. We had a rule in our outfit, the one which was least valuable, when I went on patrol about 80 percent of the time I was going on parameter controls and we sprayed agent orange around the parameters. Everybody did so there is a lot of contamination.

One other thing I would like to bring up is the fact that the water was highly chlorinated and the chlorine combines with all kinds of things to produce chemicals, and to my knowledge no one has looked at that yet.

It would be impossible to go back and do that but those are all other things other than agent orange that we need to be concerned about.

The ranch hand study is one that is very controversial. Relatively small numbers of Air Force personnel have stated that in some of the controls they found higher levels of dioxanes than they did in the people who were in Vietnam. They have used this sort of as a way to downplay some of the problems.

Now, that may be true and as I stated originally, we don't know enough to say yes or no just what relationship agent orange and other things have to our problems. But we have got to treat these problems even though we may not know what is causing them.

I think that is one of the main thrusts that we should look into.

Mr. DASCHLE. Thank you, Dr. Simmons.

Byron, do you have any additional questions?

Mr. DORGAN. No.

Mr. DASCHLE. Mr. Wheaton, could you elaborate just a little bit more on your criticism of contract counseling?

How, in your opinion, could we improve it? This is an ideal time for us to be trying to formulate a new direction of contract counseling, but I am not quite sure I have from what you said originally your idea on how that could improve.

Mr. WHEATON. Mr. Chairman, as I understand, the idea for setting up outreach contracts was to fill the void that could not be taken care of by the locations of the vet centers. The decision was to do this by means of contract.

My own personal observation would be if I were to have, for example, in Hot Springs the counselor assigned to the hospital to be based in the hospital and then use that as the outreach point, it would be more efficient for me to then send him down to Shannon, go down closer to Shannon to fill those particular voids.

The difficulty is we cannot get the contracts now. We cannot get the professional people to sign it who are qualified by our standards and those set by the Congress to provide this. They are simply not there or they don't meet the requirements.

Mr. DASCHLE. They are not there, you mean locally or regionally or you just can't find them, period?

Mr. WHEATON. We can't find them, period, in our whole primary service area.

Mr. DASCHLE. So what are you doing instead?

Mr. WHEATON. The void has to be filled by other people from the vet center up in Rapid City going way out of their way to do it or we have to get the particular veteran into the hospital some way.

We have lost the capability to extend the outreach program into those remote areas, unfortunately.

Mr. **Daschle**. I am glad you raised that and if you could provide as time goes on any further elaboration on that, I would be more than happy to receive it.

I am interested in that we can't find qualified people in that regard which you say is the biggest barrier?

Mr. **Wheaton**. In our particular area; yes, sir.

Dr. **Simmons**. If I may, I think most of us who are Vietnam veterans, first of all, in the past few years the attitude has not been good in the Veterans' Administration hospital toward Vietnam veterans.

I have seen a reversal of that since the legislation has come in and maybe since we are getting a little more funding.

So I think the attitude is much better now in our Veterans' Administration hospitals but the veterans still don't trust us and I don't blame them from past experiences.

Also, most Vietnam veterans feel that no one understands them but one of their peers. If you are not a combat Vietnam veteran they don't want to talk to you and it is very difficult for somebody who has not been there and experienced the things that we did to understand what it was really all about and the feelings that we have that we may not even want to admit to ourselves.

So I think peer counseling is extremely important. Again, whether to find the proper peer counseling, maybe some type of lay, if I can use that term, education fund should be made.

I am sure there already are but maybe even more so, so that we could educate the peer counselors in some way so that they can become more effective.

Mr. **Daschle**. Dr. Fellner?

Dr. **Fellner**. Mr. Chairman, I would also like to make a bid for the idea that peer counseling really isn't enough. One of the problems I think we run into is that it is probably true that I think it was proven that without the peer counseling model a lot of our veterans really were not getting the help they needed because they were seeing professionals that really did not relate very well to their experiences.

I think that is true.

The other side of the coin is I think we also need a lot more professional backup than we have. It is very difficult to find peer counselors who are trained professionals in the sense of doctorate level people with very highly advanced training and who also happen to have been Vietnam combat vets. That has been very difficult to find, I think, even nationwide. I think that has forced us into a double-tiered system where we have had to rely on peer counseling as well as professionals but those functions become split.

And in some ways peer counseling is better and in some ways it is not and yet we have to rely on both or I think our veterans get lost.

Dr. **Simmons**. We need more money in the psychological side of it. We need more people. As I have mentioned in our program in Sioux Falls it is completely unfunded. We just absorb that. We have asked for funding and it has not been forthcoming.

The Government continuously asks us to do more and more with less and less and pretty soon we will be doing everything for nothing but you can only take that so far.

I realize economic times are tight and hard and et cetera, but there is money that needs to be given to those things.

The other thing I would like to stress is that we can't put the money all into major centers like Minneapolis or Omaha. We need them in Fort Meade and places around here because veterans are not going to travel 200 miles for this type of counseling.

Mr. DASCHLE. Well, this has been a very enlightening panel. I could go on and on. Congressman Dorgan just left to make a call to postpone for 1 hour the hearing in Bismarck because this may go on a little longer. But I want to thank you all.

With your permission I would like to allow the committee additional time for questions and comments in the next couple of days should something come up that hadn't occurred to us at this time but with that caveat I want to thank you three and Dr. Townsend for sharing with us the information you have this morning.

Thank you very much. [Applause.]

Our next panel will be Mr. Fred Magnavito, a person whom I know quite well, team leader for the vet center in Rapid City and Mr. Tom Roubideaux, a person for whom I have a great deal of respect. He is accompanied, as I understand it, by Mr. Carl Waln and Mr. Chuck Henry.

Fred, Tom, Chuck, we are delighted to have you here this morning. I appreciate all the work that you have done and all of the tremendous amount of contributions, I should say, that you have provided. I am delighted to have you as a panel here before us this morning and, Fred, I think we will start with you.

STATEMENTS OF FRED MAGNAVITO, PH. D., TEAM LEADER, VET CENTER, RAPID CITY; TOM ROUBIDEAUX, ACCOMPANIED BY CARL WALN AND CHUCK HENRY

STATEMENT OF DR. FRED MAGNAVITO

Dr. MAGNAVITO. There seems to be a little confusion about doctors and mister. It is Mr. Thomas Wheaton, and it is Dr. Fred Magnavito.

Mr. DASCHLE. That is what I thought. I have "mister" on the witness list. I apologize for that.

Dr. MAGNAVITO. That is perfectly all right.

I would like to say something that is not part of my prepared statement first. The issue of contracting out I can address after my prepared statement if you would like, because I am intimately involved in that attempt. But since it is not part of my prepared statement why don't I go with the latter first.

As I appear before you today I can say with assurance that a Vietnam veteran is receiving services at the Rapid City Vet Center. I am proud to report that since our informal opening in late October 1981, the Rapid City Vet Center has provided services to some 260 Vietnam veterans. We celebrated our formal opening on January 22, 1982. In 9 full months of operation, November 1981 to the present, we have averaged 30 new clients per month.

As a frame of reference for the significance of this volume, 30 new clients per month is the expected productivity of a 4-man vet center team consisting of a team leader, 2 counseling technicians, and 1 clerk. The Rapid City Vet Center is a three-man operation comprised of a team leader, one counseling technician, and one clerk. The productivity standard for a 3-man team is 22 new clients per month.

Why are our numbers significantly greater than expected? I believe, in part, our geographic location belies the numbers of Vietnam veterans residing in our catchment area who desire our services. I believe our intensive outreach efforts, particularly to minority groups and reservations have contributed significantly to our productivity. Finally, word of mouth, and referrals from other Federal and State agencies and the professional community, have helped establish the vet center as a reputable and trusted facility among veterans and nonveterans alike.

What are the services available to Vietnam veterans? The vet center itself provides readjustment counseling, to include individual, group, couples, family, alcohol and drug, and agent orange counseling. In concert with our parent VA hospital we also provide a full range of psychiatric and psychological services. When a Vietnam veteran comes to the vet center he discovers that our approach to his problems and concerns is comprehensive and individualized.

Although our emphasis is on readjustment counseling with a focus on the combat experience and the uniqueness of the Vietnam conflict, we also explore marital and family relationships, substance abuse and the possibility that other psychiatric or medical problems may be contributing to the client's distress.

When appropriate, psychiatric consultation for purposes of medication and/or hospitalization, is incorporated into a treatment plan. If hospitalization is deemed appropriate, the veteran is assured that our services will continue to be available to him while hospitalized. Indeed, our parent facility has been not only a willing partner in treating Vietnam veterans, but an advocate of the vet center as a treatment facility.

I can state without equivocation that our relationship to the Veterans' Administration Medical Center at Fort Meade, under the directorship of Dr. Robert E. Lee, has been one of mutual respect and full cooperation in all phases of vet center functioning. From administrative support, and personnel actions, to essential client or patient care services, the cooperative efforts of the Fort Meade VAMC have been instrumental in our success as a community based health care facility. We also have a sister VA facility at Hot Springs. Mr. Thomas Wheaton, the Director of the Hot Springs Veterans' Administration Medical Center, has encouraged our participation in patient care and has shown the vet center the respect accorded a professional and competent provider of health care services.

I would like to address the areas of alcohol and drug dependency, and agent orange as separate issues. The vet center, as a counseling service, is limited in its capacity to treat substance abuse, and medical concerns related to exposure to agent orange. In the treatment of substance abuse identification and examination of the dynamics contributing to alcoholism and drug addiction is but one component of a total treatment program.

Successful treatment usually requires hospitalization, medication, and a systematized programmatic approach to change in life style. Such an approach generally, though not invariably, presupposes that substance abuse, especially alcoholism, is an independent disease entity. However, I believe there are occasions in which substance abuse is symptomatic of deeper issues. Under these conditions the most efficacious treatment is one that combines hospitalization for purposes of abstinence, and counseling designed to treat those underlying problems. In either case, just as a nonmedically staffed counseling facility requires hospital psychiatric support services for successful operation, so too does such a facility require hospital services for comprehensive treatment of substance abuse.

The issue of agent orange presents a dilemma. Research into possible effects of agent orange exposure consists of either retrospective studies of accidental human and animal exposure, or controlled laboratory animal studies. Results of retrospective studies tend to be inconsistent or inconclusive, and controlled animal experimentation findings cannot be extrapolated to human exposure.

The scientific community and the Veterans' Administration are thus left in the unenviable position of being unable to provide definitive answers to questions posed by anxious and frightened veterans. A counseling approach to this problem emphasizes education as to what is and is not known about agent orange, helping an individual understand why he responds to uncertainty in a particular manner, and learning to cope with uncertainties and fears in a complex world.

However, I also believe that veterans who were exposed to agent orange deserve more. I am referring to the veteran whose wife has had two stillbirths, or whose children suffer from multiple birth defects, or whose skin rashes or unsightly skin eruptions defy definitive diagnosis. The VA has assumed major responsibility for providing answers to worried veterans and their families, and in turn has received the brunt of anger born of fears and frustration.

But I would like to remind everyone it was the military, presumably with the concurrence of a civilian government, that initiated and then expanded the use of a contaminated herbicide, whose effects on humans was incompletely understood. It was the military, presumably with the concurrence of a civilian government, that continued to advocate the use of a contaminated herbicide which would enter the food chain and be consumed by human beings. I believe it is now the responsibility of those who formulated the strategy of defoliation, and authorized the use of herbicides, to provide Vietnam veterans with meaningful answers to their questions. It is of little consolation to our veterans that the spraying of agent orange was a life-protecting measure, when they are living in fear that their lives and the lives of their loved ones have been unalterably affected by well meaning strategists.

That, gentlemen, is my brief statement. I hope I have addressed issues of concern though I didn't go into detail on any given issue.

[The prepared statement of Dr. Magnavito appears on p. 103.]

Mr. **Daschle**. I appreciate what is an extraordinarily well written and definitive statement from your perspective as director of the outreach center, Fred. I would only add one thing. I certainly agree with you that the military had a great deal to do with the carrying out of responsibility dictated to them by the Government.

But speaking here on the Washington level, the national level, it has been the Veterans' Administration who has been dragged kicking and screaming into the realization that we now have that responsibility that you so eloquently addressed in your testimony.

Mr. DASCHLE. Tom Roubideaux, we will next take up your testimony, a man who has come before the Veterans' Committee before once in Sioux Falls with an excellent statement. We are delighted to have you here this morning, and you can proceed as you see fit.

STATEMENT OF TOM ROUBIDEAUX

Mr. ROUBIDEAUX. Mr. Daschle, once again I am honored to have the opportunity to appear before the committee, and once again this hearing provides a rare opportunity for a Native American veteran to express opinions as to what has happened since the last testimony and express additional needs with reference to agent orange.

Since the June 1, 1981, testimony there has been no significant change on the reservation to provide the needs of Native Americans on the reservation. We do need expansions of the vet centers, a satellite or contract service on the reservation. The attrition rate continues to grow. We have more and more veterans either dying from suicide, violence, or from unknown causes.

I think I should qualify myself in addressing the committee here once again. The bitterness of the Vietnam experience can be dealt with, as we all know, and as has been demonstrated by the vet center, the outreach program. But the sacrifices of our young men and the continued sacrifices of those who came home should not be forgotten. I am an enrolled member of the Rosebud Sioux Tribe and a Vietnam veteran. I was discharged in 1976 after 6 years of continuous service with the U.S. Army. I have multiple tours in Vietnam as a combat medic, infantry operation specialist. I saw considerable action with a battalion of the 173d Airborne Brigade, Project Delta, Advisory Team 162, and the infantry ranger companies. And therefore I feel I am qualified to speak on behalf of the Indian veterans.

In 1979 I became the recipient of the readjustment counseling program services through a voluntary effort when the program was first started. I started experiencing the post-traumatic stress syndrome in my second year of college, and through the help of a friend, a new treatment that was developing, Roger Andal and the culture support system, I was able to reconstruct my life and graduate from college with honors.

To this day I cannot express the confusion and fear and depression I had, and its impact on my family during this time. Nevertheless, because of the program I overcame these negative aspects, and this likewise qualifies me to speak on the subject.

At this point in a previous testimony what I would ask for and what I had presented was the need to expand a program either as a satellite or a contract facility within existing programs and functions on the reservation, either through the Public Health Service or Indian Health Service or Indian health management programs, which has paraprofessionals and has a bilingual capability.

In the last year we have spoken and made contact with Dr. Fred Magnavito, and in laying the groundwork for contracting and at this point we are close to having that to occur. The problem is that combined with those problems in previous statements with contracting, we do have a problem with being able to speak and think in two languages. At times I feel like a Vietnamese dealing with Americans. We need professionals who can speak not just in English but in Lakota. We do have professionals at home who are able to take part in the contract function.

I really can't go on any further than that other than saying that there hasn't been a significant change. We have a need there. We have people dying there. These people have served this country and there are a lot of questions that we have as veterans when we look at that flag. My people feel that we have won that flag at the Battle of the Little Big Horn, and we are obligated to it for a number of other reasons. Yet when we look at that flag we have questions.

We look at our young sons and say are they going to wear a uniform? My personal opinion is, I have three sons and they are not going to wear uniforms. Somebody can call me a coward, but through four generations my ancestors, my grandfather, father, uncles, and myself have served in just about every war this country has had. You can call us unpatriotic, but what happened in Vietnam and after leaves a mark on us as to whether my boys or my relatives' boys are going to serve and wear this uniform.

It is not that we don't love our country, because we greatly do. Just the other day another veteran died, another classmate of mine, in 1965, was killed in a car accident that was alcohol related. It seems like I can look in the yearbook and look in the cemetery and see who was all there. I wonder when am I going to be next with the agent orange crisis. It is a crisis for us because we are caught in a double bind, because the Bureau of Indian Affairs did use it on the reservation, on the forest reserves and on and near water resources. And if we go to the VA, it is a good possibility of them saying that we were exposed to it prior to going to Vietnam.

I do know that in April 1967 up in a place called The Plateau on a long range recon mission my team and I were sprayed by three aircraft, C-123's. Within 12 hours we were all medivac'ed back and I spent some time in a hospital.

I have a daughter that has a severe speech impediment. My first born was grossly deformed. I have another son who also has a learning disability. I look at this and I wonder what is my country going to do. Is it caught up in bureaucracy again? Is it caught up in some type of litigation that I can forget about it?

I love my country, but I have serious questions on whether my boys are going to serve. I will probably be a forgotten warrior laying on the plains when it is all over. That is essentially what my testimony is about.

I have no hard evidence. I have no professional background to state statistics and numbers, but I do know that as a human being, as a former soldier and an activist that I should say what is in my heart and what I have experienced and what I have seen.

I wish I could take Senators and Congressmen, and I wish I could take the head of the VA and different other people down to the reservation and show them the cemeteries where my classmates lie, and a number of other people lie, and look at the mean age. The average age of them is 27. There are 210 people altogether during that time from 1962 to 1975.

I thank you for letting me address you again.

Mr. DASCHLE. Tom, is that the testimony you gave to us a year and a half ago?

Mr. ROUBIDEAUX. I felt that I would use part of this testimony again because the need is still there.

Mr. DASCHLE. If you would do the committee and me a personal favor. Would you mind reading the last line of the testimony that you read a year and a half ago?

Mr. ROUBIDEAUX. Yes; I would like to read that again. By the way, I would also like to thank you for promoting me to tribal chairman when I wasn't.

Mr. DASCHLE. Did I say that?

Mr. ROUBIDEAUX. It is in the testimony. The tribal chairman became the tribal councilman.

Mr. DASCHLE. He is wiser now.

Mr. ROUBIDEAUX. To quote from the June 1, 1981, testimony:

> Mr. Chairman, the readjustment counseling program is needed and has proven its effectiveness. Its success cannot be measured in terms of money, but it can be measured in terms of lives saved. I know that indifference and guilt can hide behind a facade of economic prudence. The bitterness of war cannot be forgotten, but the sacrifice of those who died, who were wounded and are still missing in action and are prisoners of war, and those who have come home and cannot be forgotten.
>
> In the final analysis, the question is termination or a continuation of the readjustment counseling program. This must be decided now by the intellectual and moral decisions within the minds and hearts of people like yourselves.
>
> Mr. Chairman, the Vietnam veterans did their best in times of great trial, and did so in a modest and unspectacular and courageous way, which is the highest form of public service. The recognition of that service is a prelude to the final decision that you make.
>
> That is all. I thank you very much. I would also like to close by quoting Robert Frost. "The woods are lovely, dark and deep, but I have promises to keep and miles to go before I sleep. And miles to go before I sleep."

Thank you. That is essentially what you requested.

Mr. DASCHLE. We still have miles to go.

Chuck Henry, our final witness on this panel.

STATEMENT OF CHUCK HENRY

Mr. HENRY. Thank you.

I served with the U.S. Marine Corps in Vietnam from 1962–63 and 1965–66.

I, like many other Vietnam veterans, came back from a war that I didn't understand or believe in. But, for some very basic reasons that I thought this country stood for, like country, duty, corps, I, like thousands of others, went. I came back to a different country than I left. The indifference, and sometimes, hatred, for the Vietnam veteran, was very evident. I found it was more acceptable to tell someone that I had just gotten out of prison than to say "I'm a Vietnam vet."

With the campus unrest and different attitudes of the students—that I couldn't understand or cope with—I went through two colleges in 1 year. For the college students and professors, Vietnam seemed to be an intellectual toy to be played with academically.

For me, Vietnam was no game; it was a very cruel and very real experience—one this country needs to deal with.

The job market was even worse. I was told by the owner of a hamburger stand, where I was a dishwasher, that the first time I heard a loud noise and started to act strange, I was fired. That job, by the way, paid $.80 an hour, when the minimum wage was $1 an hour; but, that was the only job I could find. The employment office couldn't understand why I wasn't satisfied with unemployment checks. I didn't want welfare, I wanted a decent job.

In the past 16 years I have had 26 jobs. I have been in jail some six times for charges ranging from assault to commit bodily harm to drunk in a public place. I have been told by judges and friends, "You need help." I tried to get help. The VA hospital treated me with a great deal of indifference. The various veterans groups, like the VFW and American Legion, couldn't or wouldn't help. I tried the expensive doctors, and the mental health clinics. I had one psychologist tell me, "Chuck, I like you, but I don't know how to help."

For me, the only way to deal with Vietnam was to bury it as deep as I could. I had to no longer acknowledge a very important part of my life. So, on the surface, I put my life in order. I got a job, advanced quickly, married and raised a family. But Vietnam continued to surface. It was unavoidable as it continued to be in the news as this country opened its doors to the Vietnam refugees. In the true spirit of this great and free country we accepted and aided the refugees. Only now, some 7 years after the end of the war, is this country beginning to accept the Vietnam veteran.

President Ford asked America to "close the book on Vietnam and put it in the past." President Carter pardoned those who broke the law and avoided the draft by going to Canada. President Reagan, in his budget cuts, has taken from the veterans.

This country welcomed home the hostages from Iran with a parade that we never got. On television the stereotype of the Vietnam veteran is a pill-popping, dope smoking, alcoholic, baby killer. Just last Tuesday evening the NBC program "McClain's Law" showed the American public the stereotype of the "crazy" Vietnam vet. The Friday before the TV show, "Hawaii 5-O" did a similar injustice. They did, however, highlight the phenomena of "flashbacks." From all of this I felt confused, betrayed, angered, used, and sold out by my country.

By chance, I heard of the vet center and called. One of the counselors, Ric Seesz, talked me into coming in to talk. I thought it was going to be like all the others, but I was wrong. It is a program of trained vets helping other vets. This is the first positive thing I have see this country do for the Vietnam vet. I, like many other vets, needed this program years ago. Now that it is here, we would like to see you, our congressional representatives, make this a permanent program. Without the vet center we have no other place to go. I feel this is my last chance. Why can't other Government agencies, especially the VA regional office and VA hospitals, use the vet centers as a model for serving those who have served this country?

I would like to say something else, too. In January I left a management position because like in all the other jobs I was confused, angered, hurt. I started using drugs again, alcohol. My wife of 15 years was at the point of divorcing me. In fact, she was going to divorce me.

In February and March I somehow found the vet center. In these few months Dr. Magnavito, Rick, Bill, Jim, have helped me live more in these few months than I have in 16 years. They have helped my wife. I am still not working, but I feel I have turned my life around and, like this gentleman here on the right, I have two sons. One has a learning disability. I don't know if it is related to agent orange or not, and I don't really know how I feel about this country after all these years. But I know that my two sons will never serve—I don't care what it is—they will never serve. I will send them to Canada first.

I love this country, but I still feel betrayed and hurt like a lot of other guys, and I feel that this vet center is the first positive thing this country has done for us, and I can't emphasize enough the importance of these vet centers and what they have done for us and done for me, too.

Mr. **Daschle**. Chuck, we want to thank you for your testimony. Let's hope that as time goes on the center can continue to provide that kind of service and caring and become even stronger, and hopefully change your perspective. Hopefully this country can warrant the change in perspective that obviously I think is reflected in your testimony.

The current law requires that these Outreach centers be sunsetted by September 30, 1984, which means that we would turn those services over to the hospitals, to the facilities that currently exist outside the centers. How do you think the Outreach program could function under those conditions, Tom?

Mr. **Roubideaux**. Mr. Chairman, I don't think they would function at all. I think we would lose all of the gain we have had in the last 2 or 3 years.

Mr. **Daschle**. Chuck?

Mr. **Henry**. I wouldn't go. Like someone said here before, I went in the vet center thinking I was going to run into a bunch of psychologists that didn't even know how to spell Vietnam much less been there. These guys are combat vets. If the vet center was out of the hospital I wouldn't go.

Mr. **Daschle**. Fred?

Dr. **Magnavito**. Overall I think it would be a real problem. Many VA hospitals and their vet centers do not have a good working relationship. I don't know what the fate of those vet centers would be. I don't want to be tiresome in extolling the virtues of our relationship, but I would imagine that if that did occur somebody would be appointed to the team leader position who would relate to Vietnam veterans much in the ways this team does.

Mr. **Daschle**. Let me ask Tom this question relating to a comment that Tom was making earlier with regard to the lack of adequate Outreach effort on the reservations. We have two mental health clinics now in Pierre and Winner. Have they been of any value in that regard?

Dr. **Magnavito**. May I address that, please? When we first started contracting out I contacted nine different facilities in the West River area that might have the capability to deal with Vietnam veterans issues, either at the present time or with some in-service training by the vet center here in Rapid City. Of the nine, as Mr. Wheaton said, three responded. Two of the three did not meet the minimum criteria outlined by the material we got from Washington, which in some cases, in some ways is more stringent than what the outreach vet center treatment approach must meet.

The other is ironic. The Pierre Counseling Center, the Capital Area Counseling Center in Pierre technically is in East River, although its catchment area covers some of the counties in West River. Now, our catchment area is also all of West River. We have been denied permission to contract with that service to provide services to veterans living in West River because technically it is in East River.

Mr. **Daschle**. Who is denying that?

Dr. **Magnavito**. Central Office. I don't know specifically who. I am working through the Hot Springs VA that was designated as the contracting facility.

So, all of those veterans who could use that service are not being permitted to use it. In East River, any veteran referred by the Sioux Falls Vet Center would be eligible but here is a facility who would then be expected to provide services to East and West River when they funded only for East River. Unfortunately, the remainder of the nine facilities I contacted have not yet responded to the materials which are pretty cumbersome and require a great deal of paperwork, and I would imagine if there is resistance, part of that would have to do with completing all of that paperwork.

Mr. **Daschle**. So you are telling me that because of bureaucracy and all kinds of encumbrances it isn't working right now?

Dr. **Magnavito**. Let's say if I had to fill out the paperwork I would have reservations about doing it.

Mr. **Daschle**. Tom, do you have anything to add to that?

Mr. **Roubideaux**. Yes; I do, particularly with the Winner area. They have lost their credibility with the reservation veterans and a number of other Vietnam veterans in the area. To me, this is my opinion, they are looking at the funds rather than the clientele they are addressing. As one veteran said the other day, "I want somebody who relates to me, not one who is going to say I was improperly potty-trained prior to going to the war."

They lost their credibility, and once our dialog broke I really had second thoughts about the guidance counseling centers to really address the problems of veterans on the reservation.

Mr. **Henry**. I would like to say something about mental health centers. I went to the mental health centers here in Rapid City. I got the same thing. My whole problem was I hated my mother, you see. The man who was in there counseling was anti-Vietnam. He told me how crazy the war was and how crazy I was for going to it. That was the one who said he liked me, but he didn't know how to help me. He finally realized after a year of going there that he didn't know what to tell me, and he couldn't help me, and I didn't go back.

Mr. **Daschle**. Let me ask the three of you a question. Are you satisfied with the kind of information dissemination that gets out about services provided Vietnam veterans now? Is the void that I perceive to be there real or not? And if not, each one of you have different perspectives of either receiving it or disseminating it from Fred's point of view.

Tell me a little bit about how you view the current efforts to provide information or new services to veterans.

Dr. **Magnavito**. That is a major part of our responsibility, and we do use the media as much as we can. But the media itself does get a little tired of providing stories or articles because after awhile it is no longer news without a new angle to it. We do have public service announcements with each of the major radio and TV stations that are aired daily. It is difficult to get the word out and surprising to me that as much effort as we put into it there were veterans living right here in Rapid City who don't know about the vet center. Some part of that has to lie with the target population and part of it has to lie with whatever deficiencies we may have in attempting to reach out.

It is our responsibility as an Outreach center and nobody else's to spread that word. Perhaps if Central Office outreach, readjustment counseling services would provide some systematized way of doing it in each State, however feasible it is, that might go a long way. Right now it is incumbent upon us to do it.

Mr. **Daschle**. Tom or Chuck?

Mr. **Roubideaux**. I think there is a considerable void. My resources for recent and updated veterans information comes from your office, and Fred here, and from the Outreach centers. Because of the rural location of the reservation, my particular reservation, and probably the same with the other six reservations, is that there is really no adequate dissemination of information by the VA now. A lot of times the local VA field officer is either not in the office, or is part time, or doesn't have enough money to disseminate information. What we are envisioning is trying to contract Outreach centers and also establishing a clearinghouse to address all of the various issues. We do need that.

Mr. **Daschle**. Chuck, you mentioned that by chance you heard of the vet center. How did you hear about it?

Mr. **Henry**. I heard it through my sister-in-law. There was a Vietnam Veterans of South Dakota here. They folded up. It was a private organization, and there was just nothing. At the time, and this was in January when my wife had called and was complaining about me to her sister, and she said "why don't you get him to go to the vet center." My wife mentioned it to me, and I said there is no way I am going. Then I saw a movie on television that was about the stereotype of the Vietnam veteran, pill-pushing and the whole thing, and I was very disturbed and I wanted to find somebody who would represent us, do something about us and stop these movies.

I called the vet center and talked to Rick Seesz, and he talked me into coming down. I talked to him on the phone and he said "why don't you come down and we will talk?" And I thought here I go again; it will be the same thing again. But it wasn't. It is Vietnam veterans helping veterans.

Dr. **Magnavito**. Mr. Chairman, may I say one more thing?

Mr. **Daschle**. Yes.

Dr. **Magnavito.** In response to Tom Roubideaux's questions about the reservation where he is from, in June we got a temporary increase in our FTEE——

Mr. **Daschle.** And FTEE is what?

Dr. **Magnavito.** That is our ability to hire additional people.

Mr. **Daschle.** Full-time equivalent employment?

Dr. **Magnavito.** Yes.

We hired on, through United Sioux Tribes, Mr. William Menard, who is from the Rosebud Reservation himself. Since that time we have had a temporary four-man team. And what he has done is increase the numbers of American Indian veterans on the Rosebud Reservation that are at least aware of their vet center more than sixfold. We are also attempting to start groups on Rosebud and Pine Ridge, peer counseling groups. Part of the problem is again great distances.

Now we are going to lose Mr. Menard, who has been vital. When I mentioned those statistics earlier, a significant part of the 300 new clients a month are Indian veterans. If we lose Mr. Menard at the end of the fiscal year, which is about to happen, it is going to be a big loss to this vet center. I am not asking for anything specific, but I want you to be aware that we are trying to retain him on a permanent basis, and neither the hospital or Outreach itself can provide the hiring for us. We need that man.

The other thing is that in attempting to establish groups, when Tommy first approached me with the idea of some service center to service them, I contacted them about satellites and I was told that there were no moneys available because all those moneys had already been obligated. Here we have an entire West River area, no provisions for a satellite which would be more appropriate for contracting out because the satellite would then have a staff of American Indians who can speak Lakota trained by the vet center team to provide the counseling services needed by American Indians.

Mr. **Roubideaux.** In addition to that, also knowing the background and the working knowledge of the native practitioners and all is equivalent to the Western psychologists. This is very important to have that.

Like I said earlier, we are very close and yet it is so far away.

Mr. **Daschle.** Well, in that regard, it goes without saying that I want to extend every ounce of effort that my office can provide or that I personally can provide in meeting that need. You simply have to call. We have to stay in close communication. If it needs the additional support of the committee, I can approach the chairman or subcommittee chairman for that effort, too. We can see what happens. You certainly made it very clear the tremendous positive impact that has occurred. I think there is cause for hope.

Tommy Roubideaux, and I think Chuck, too, have demonstrated that the Outreach center concept is working, and it is working very, very well. The only problem is that you are limited in scope because you are limited in funding. And being so limited with what we do I think we can look with a great deal of pride at the effort that you and your team put out.

Did you have any questions or comments?

Mr. **Dorgan.** Just a comment to point out that I have had a chance to visit a couple of vet centers and the testimony that I hear today reinforces the kinds of things that I have discovered myself. And I think the firsthand knowledge of how the vet center is working and the positive results we are getting from it is really important to people like Tom and myself, because then, when the Veterans' Committee has hearings in Washington and talks about the need for legislation, we are able to say we have been there and we have talked to the people and here are the results, here is what has been accomplished. So I really think they are doing an excellent job and I am pleased to hear your reinforcement of that.

Mr. **Roubideaux**. Mr. Chairman, I would like to add one more statement before I leave. In the State of South Dakota, according to the statistics from the vet center and the VA, we had 18,000 veterans that were in service during the Vietnam era and 78 percent of those served in Vietnam. That is the highest of any State, as you are well aware of. I should like to see in my lifetime, and I hope it is long enough to see 1984, a continued separation of the vet centers from the VA hospitals.

As previous testimony states, more and more veterans are coming out of the closets and the need is being more and more established.

Anthony Warbonnet told me, "I don't need anybody to tell me that I am all screwed up and improperly potty-trained." I think that is the truth. We need to face reality in a hard way.

Mr. **Daschle**. Thank you very much for your testimony this morning.

Our next panel is made up of a number of representatives of the major veterans organizations in South Dakota. Roger Andal is the commander of the Disabled American Veterans. Larry Bouska, another friend, is the national service officer of the Disabled American Veterans. Ray Asmussen, department service officer, the American Legion. Mr. William Maher, State division of veterans' affairs. And Mr. Ken Nelson, State junior vice commander, Veterans of Foreign Wars.

I was asked to make a call to my office, and I don't want to delay the hearing. So we will start at that end if we could.

Ken, if you want to start with your testimony, and if you will excuse me just a moment, and if you can continue with the hearing I will be back in just a minute. Please proceed.

STATEMENTS OF ROGER ANDAL, STATE COMMANDER, DISABLED AMERICAN VETERANS; LARRY BOUSKA, NATIONAL SERVICE OFFICER, DISABLED AMERICAN VETERANS; RAY ASMUSSEN, DEPARTMENT SERVICE OFFICER, THE AMERICAN LEGION; WILLIAM MAHER, STATE DIVISION OF VETERANS' AFFAIRS; KEN NELSON, STATE JUNIOR VICE COMMANDER, VETERANS OF FOREIGN WARS

STATEMENT OF KEN NELSON

Mr. **Nelson**. Mr. Chairman, as a representative of the Veterans of Foreign Wars here this morning, I do not have a prepared statement. Our State commander was to have appeared but he was not able to make it, so I am here primarily to listen, to observe, to learn, and I guess reinforce some of the things that I have heard about the veterans Outreach center, that it is a service that the

Vietnam veterans need and they are providing a tremendous service to these people. That is the only statement I would have at this time.

Mr. **Dorgan** [presiding]. Thank you very much.

Mr. Asmussen.

STATEMENT OF RAY ASMUSSEN

Mr. **Asmussen**. I will read my testimony. Mr. Chairman, it is a pleasure for me to be here today representing Wayne M. Nesby, department commander of the American Legion of South Dakota. Commander Nesby is in Chicago at the national Legion convention today, and has asked me to represent him here.

We believe the Veterans' Administration has made great strides in its effort to provide psychological readjustment counseling to Vietnam veterans. The Outreach centers provide a necessary avenue for Vietnam veterans to finally resolve the problems they still have with Vietnam. This service must continue. The Vietnam war was, as you well know, one of the longest and unpopular wars in this nation's history. Because of this, many Vietnam veterans continue to suffer severe psychological aftereffects of their participation, and desperately need this kind of counseling to get their lives back on the track.

Although there have been great strides made in this area, there continues to be staff members within the Veterans' Administration that fail to recognize the unique psychological problems of Vietnam veterans. A reviewed effort should be made within the Veterans' Administration system to educate these people at every level on the unique characteristics of this problem.

The Veterans' Administration drug and alcohol dependency programs are doing a credible job. In South Dakota we feel fortunate that we have people in charge of these programs that realize the seriousness of these addictive illnesses, and the long and painful process necessary for a full recovery.

Most Vietnam veterans that we have had contact with are, quite honestly, very disillusioned with the current agent orange program. They voice a great deal of disappointment with the agent orange examinations. They want answers. They want to know what, if anything, was found during their examination. Most veterans have traveled to the Veterans' Administration at their own expense, and are given what they feel, is only a general physical examination. The physician should take the time to explain to these veterans what the Veterans' Administration does with the results of these examinations. Many veterans have related to the American Legion their feeling that the Veterans' Administration examination is done and just put on the shelf, and nothing will ever come of it. There is a justifiable anxiety about the agent orange questions among Vietnam veterans, and the time should be taken to explain what the Veterans' Administration is doing about it, and how their examination will help to resolve this issue.

Overall, Mr. Chairman, the Veterans' Administration is doing a good job in these areas. However, we believe that there are specific areas, as I have stated, that need corrective action by the Veterans' Administration.

Again, Mr. Chairman, I would like to thank you on behalf of myself, Commander Nesby, and all American Legion members of the State of South Dakota for affording us the opportunity to appear before you today.

Thank you.

Mr. DORGAN. Thank you very much, Ray.

STATEMENT OF WILLIAM MAHER

Mr. MAHER. Congressman, I am Bill Maher, State division of veterans affairs. I am here today to speak on behalf of that division to your committee. I have a prepared statement which I would like to read at this time.

We believe that the Veterans' Administration has made headway in its efforts to deal with the psychological readjustment problems of the Vietnam veteran. The Vietnam veteran Outreach centers provide a real service to these veterans. I have personally attended sessions down here and met with these folks to vouch for this of my own personal knowledge. Because of the protracted divisiveness of that war many veterans returned psychologically damaged. And that damage continues to this day. Outreach centers finally provide a place Vietnam veterans can go without fear to vent the anger and frustration they have kept penned up for so long. It is our sincere hope that funding will continue for these much needed centers.

We believe that a number of these veterans will need an extended period of intensive inpatient care in order to appropriately deal with the post-traumatic stress disorder they now suffer from. We believe that additional psychologists, psychiatrists, and social workers will be needed in the future to adequately staff and treat these patients. Because a number of them do suffer severely from this disorder, we believe additional staffing will be necessary to deal with it.

The Veterans' Administration drug and alcohol dependency programs are vital in the overall picture of medical care to veterans. For many of our veterans the Veterans' Administration program is the only place they can go for this type of treatment. We believe it is essential that these programs be maintained at least at their present level of operation if not better.

Mr. Chairman, the Veterans' Administration's agent orange program is raising a considerable number of questions among Vietnam veterans. A good number of the veterans that have contacted the division of veterans affairs have expressed a very real concern about this program. They are skeptical about an examination during which few questions are answered and which, in their opinion is simply a general physical examination. They would like to know if something was found or if everything was normal. From our contacts we believe that the physicians conducting these examinations should be directed to answer these veterans' questions as truthfully as possible and if possible to allay any fears these veterans might have regarding agent orange. The physicians should be directed to pay very close attention to the guidelines that have been established for them in conducting these examinations.

Mr. Chairman, I respectfully submit to you that the division of veterans affairs is the advocate of all South Dakota veterans. We are here today expressing our desire for better health care for the Vietnam veteran; however, in the overall picture, we seek the assistance of Congress and the Veterans' Administration in strengthening the total health care picture for all veterans, a picture that has become somewhat blurred during the past few years.

Mr. Chairman, again I would like to express my gratitude to you and this committee for allowing me the opportunity to appear before it. I hope that the questions raised here today will be beneficial and shed new light on the concerns of the Vietnam veteran and indirectly on all veterans.

Thank you.

Thank you very much, Mr. Maher.

Mr. DORGAN. Mr. Bouska.

STATEMENT OF LARRY BOUSKA

Mr. BOUSKA. Mr. Chairman and members of the committee, on behalf of the over 3,200 members of the Disabled American Veterans in South Dakota and also on behalf of the Vietnam veterans in the State, I deeply appreciate this opportunity to present testimony in this oversight hearing on Veterans' Administration health care and medical services for Vietnam veterans.

My observations, as a national service officer with the Disabled American Veterans, come from working with the veterans of this State both directly on a person-to-person basis, through telephone conversations, and correspondence. I am also a combat-disabled Vietnam veteran.

Relative to medical care for those Vietnam veterans who have disabilities that may be related to exposure to agent orange, my experience has shown that the Veterans' Administration is following the guidelines for priority care of those veterans.

However, many of these veterans have contacted our office because the doctors and medical care personnel are somewhat reluctant to actually come out with any secondary diagnosis of problems due to agent orange.

Medical care personnel understandably do not have any firm guidelines to follow, since the agent orange studies are moving so slowly. For example, if a veteran requests information concerning dioxin level, he is informed that it is impossible to carry out tests. He is also somewhat put off by the medical personnel concerning any specific tests which can be done to either rule in or rule out disability due to exposure to agent orange.

However, even more alarming than care of disabilities possibly due to exposure to agent orange, the predominant question from that group of veterans concerns genetic problems and birth defects. This, I believe, is the greatest underlying concern for all Vietnam veterans and their spouses. I would sincerely hope that within the very near future, something is done to address those concerns on a positive conclusive basis.

We, as Vietnam veterans, cannot understand and accept the reasons why this study will take so long. We feel that not much study was really done when we were called to Vietnam and/or when agent orange was used. It would seem that the decisionmaking process is somewhat different when the end does not justify the Government's need.

Mr. Chairman, I have found that the most positive thing that the Government has undertaken for Vietnam veterans was the establishment of the vet centers. As you know, the Disabled American Veterans was very instrumental with that legislation in that our pilot programs along with the "Forgotten Warrior project" were used as a basis for the legislation.

The services which the vet centers provide along with their caring and concern for the Vietnam veteran are to be commended. Certainly, as long as there is a need for those storefront centers, they should be continued.

However, the purpose for those centers was primarily to serve as a recontact point for Vietnam veterans to get back into both society and the programs which the Veterans' Administration administers.

Although the vet centers do as much as they can, they are not physicians and are therefore somewhat limited in what they can do for veterans having severe emotional problems with post-traumatic stress syndromes.

In situations of that nature, referrals to the Veterans' Administration hospital must be set up. Frequently, in my work, I have talked veterans into trying the Veterans' Administration one more time only to have them come back to me with the comment that nothing was done.

While many of the social workers and psychologists recognize the effects and diagnosis of post-traumatic stress, the physicians are reluctant to present that diagnosis on hospital summaries. I do not know if there is just a reluctance on their part to accept this new diagnosis or if it is just a matter of lack of training and followup within the system itself. I tend to believe that it is the latter.

Mr. Chairman, in my work I not only counsel veterans, but I assist them in filing claims for benefits. When those claims are filed, they go through the Veterans' Administration adjudicative process. That process ends at the rating board. No matter how many symptoms a veteran presents concerning problems with Vietnam, if the actual diagnosis of posttraumatic stress is not presented, the claim, in all probability, is denied. The veteran then has very little recourse except to appeal; and we all know that about only 1 of 10 Board of Veterans Appeals cases is overturned.

It also seems like cases of posttraumatic stress are clouded with other problems including depression, anxiety, marital discord, alcohol, and drug-related problems. Even though in many of these veterans' minds, Vietnam has caused his other problems, Veterans' Administration physicians, upon admission, would rather address those other points. The veterans are told that they must try to control their anxieties or depression, correct their marital problems, and/or go through a substance-abuse program before their problems with Vietnam can be addressed. In fact, in speaking with a psychiatrist at one of our facilities not too long ago explaining this situation, I was informed: "Those things are best left suppressed."

Mr. Chairman, many of the people we are encountering now at the vet centers are those so-to-speak veterans who have successfully adjusted. By that, I mean veterans who do have jobs, families, and children. Those veterans also have obligations with mortgage payments and monthly utility bills.

If they are left to languish in Veterans' Administration hospitals without having their problems addressed, and by that, I mean problems with Vietnam, they will soon lose their jobs, since they are left to sit 1, 2, and 3 months in a hospital with nothing done about their Vietnam experiences.

Those veterans have sought care as a last resort. The feelings have been suppressed for so long that they are truly seeking out help. To leave those problems left suppressed, I fear will only cause deeper problems in the future.

Mr. Chairman, I hope in some way the committee can do something to insure speedy treatment in the nontraditional sense for those Vietnam veterans seeking care for stressrelated problems.

I am also very concerned with the number of Vietnam veterans I come into contact with who have alcohol and/or drug related problems. Mr. Chairman, almost every one of those individuals have been in a drug or alcohol rehabilitation program on more than one occasion.

I do not know why the success rate as I see it is so low. However, in speaking with many of these veterans, it appears that the approach used in the drug and alcohol programs needs to be looked at.

What I mean is that these programs utilize the tried and tested format from Alcoholics Anonymous. That, as I understand it, is a very religious type of format. There is absolutely nothing wrong with that format in the traditional sense since it is, I am sure, by far and away the most successful available. However, since that approach is very religious and moralistic, one might come to the conclusion that since Vietnam was not a very religious or moralistic experience, a new approach needs to be developed for people with those problems who were subjected to stress situations.

By and large, it is both my feeling and the feeling of many veterans I have come into contact with that the Veterans' Administration and vet centers have some extremely capable individuals. However, it seems that the system, starting out in Washington, needs to change so that they too can change; and start addressing the real needs, concerns, and problems of the Vietnam veterans.

Mr. Chairman, the DAV is very concerned with the care and treatment of not only the Vietnam veterans, but all veterans.

This completes my statement, Mr. Chairman. Thank you very much for allowing me the opportunity to appear here today.

Mr. **Dorgan**. Thank you very much, Mr. Bouska.

We will hear next from the last witness on the panel, Mr. Roger Andal, State commander, Disabled American Veterans.

STATEMENT OF ROGER ANDAL

Mr. **Andal**. Mr. Chairman, I also have a written statement, and I would like to read it too, if I could.

Mr. Chairman, it is a real pleasure to be here today, as a Vietnam veteran, offering testimony on my observations of the Vietnam veterans' psychological readjustment services, Veterans' Administration drug and alcohol dependency programs, and medical care for those Vietnam veterans who have illnesses or disabilities which may be related to agent orange exposure.

Congressman Daschle, I would first like to express my personal thanks to you and that of the Disabled American Veterans of South Dakota for your continual, if not dogged pursuit of an answer to the many problems that are faced by Vietnam veterans. Your actions in Congress have placed the Vietnam veterans' cause on the front burner. And, as a result, there have been many good things that have taken place to relieve some of those problems. One such action was that of the establishment of the Vietnam Veterans Outreach Centers in Sioux Falls, Sioux City, Iowa, and Rapid City. The vet centers have provided that common ground for a lot of Vietnam veterans that for so long was not there. The vet center personnel take it far beyond common ground; their work in rap sessions or on a one-to-one counseling is to be commended.

As the present department commander of the Disabled American Veterans of South Dakota and in the various positions with the Disabled American Veterans in the past, along with my personal struggles at times, with the problems that face Vietnam veterans, I have had the continual contact with the Vietnam veteran community and I have learned that the conventional wisdom approach to problems such as those that face the Vietnam veterans is not always the right approach. I believe the storefront vet center is a shining example of a new approach being the right approach.

I speak of a new approach because it is my strong personal belief that Congress must continue to try new approaches to some of the old problems that society faces. With the great success of the Vietnam veterans Outreach centers, I think we must now review the treatment that the centers are forced to refer veterans to. I refer to the alcohol and drug dependency programs. Nowhere have I seen, either in Government or the private sector, where managers are satisfied with results of a program reaching only 10 percent positive, but for decades the Veterans' Administration has been satisfied with a success rate of between 7 and 13 percent in their alcohol treatment program. I suggest to you that the Veterans' Administration really has no treatment program of their own, but rely on the conventional approach adopted by groups such as the Alcoholics Anonymous. I do not take issue with Alcoholics Anonymous, but it is depressing to me to see the Veterans' Administration treat veterans with an approach that has been known for such a longtime low success rate. It is my personal feeling that, in the case of Vietnam veterans, one should be addressing the root of the drinking and drug problems through counseling and assistance in seeking employment, and that then the drinking and drug problem can be addressed. I am not convinced that telling a Vietnam veteran that God or strict adherence to society's moral code will resolve his drinking or drug problem. In spite of society's moral code and religion, these veterans were still subjected to a cruel, senseless war and sometimes just as cruel an insensitive society upon returning. In my travels around the State and my weekly contact with Vietnam veterans, either socially or as a service officer volunteer at the Veterans' Administration hospital in Sioux Falls, I have been privileged with many conversations concerning their feelings in the

Veterans' Administration's system. From that and my personal experience of dealing with some of these problems, I am convinced that there must be a better way.

It has been suggested to me by a 100-percent-disabled Vietnam veteran who served on the DMZ in Vietnam that the Veterans' Administration treatment program is equivalent to what you get on the outside. Although he states that the conventional treatment programs for alcoholism in both instances, is only a weak attempt at resolving the problem. After six treatment centers, including three in a Veterans' Administration hospital, his problems never changed until he participated in a private pain and stress clinic addressing the physical pain he was going through from some 25 metal fragment wounds. His involvement with the vet center was minimal, due somewhat to the timing of their existence, but was of help and he sees them as one of the first steps in resolving the Vietnam veterans' problems due basically to the personnel who operate these vet centers. And, in particular, their use of counseling to identify the problems, both physical and psychological. I mention this particular case because it tells me that maybe this reliance on programs that carry such a small rate of success is overdone and that possibly the Veterans' Administration should reassess its alcohol treatment program.

As the Disabled American Veterans State commander, I recently had the privilege of touring both the Hot Springs and Fort Meade facilities. In both instances, the Veterans' Administration's treatment for Vietnam veterans for agent orange exposure was reported to be satisfactory.

I do believe the attitudes of both the local physician and administrators are becoming receptive to some acknowledgement of the problem of agent orange exposure. The local Veterans' Administration hospital's mission seems to end rather abruptly in the care area due to the lack of acceptable evidence and studies from Washington. Mr. Chairman, I can only plead to you to continue the fight for those victims who have no idea what their future has in store for them. The daily war these veterans still fight over the unknown or medically unacceptable results of exposure to agent orange is far too great a price to ask any citizen to pay.

I did discover something of interest to me in my visits at Hot Springs and Fort Meade hospitals that relates to dissemination of information within the Veterans' Administration that eventually relates to the patient care. I was told at both facilities that the Veterans' Administration home improvement structural alteration [HISA] program which started over 5 years ago has only been used twice by both hospitals. This program, which allows for financial assistance to veterans who are in receipt of compensation or pension to make their home more accessible to them if they are required to use a wheelchair. This is an example of a program authorized by Congress that never seemed to get the blessings of the Veterans' Administration's Central Office, thus becoming a very low priority. I point this out because without the total support by the Veterans' Administration's Central Office and particularly, their leadership, the rest of the system is left unable to adequately do their job.

In summary, I would again like to thank Congressman Ron Mottl, Congressman Dorgan, and Congressman Tom Daschle for inviting me to offer testimony today and suggest that from my view, when the Veterans' Administration follows the intent of Congress, the outcome is generally of top quality, but when they fail to, the veteran pays one more time.

Thank you.

Mr. DASCHLE. Roger, I want to thank you for an excellent statement that states the problems of the American veteran extremely well. The rest of you have my sincere apologies for not being here earlier. I had a couple of very important phone calls that had to be made at the time.

Larry, I read your statement, and I have some questions I want to mention on that.

I came yesterday from the national convention of the American Legion, and I was delighted with the resolutions which they have now passed yesterday, apparently which call for a redirection in agent orange research study and evaluation and a much stronger commitment on the part of the Veterans' Administration to getting the evidence that we now need. I am encouraged by that kind of action, and I am just hoping now that we can carry that kind of resolution into meaningful lobbying work in Washington and throughout the country. I am encouraged by the action taken by the American Legion.

Let me ask all of you one of the concerns that has been weighing on me ever since we began this morning, and that relates to outreach and how we can better confront the problem of outreach. There is probably no better element in regard to those organizations dealing with veterans and potential recipients of assistance than you. Let us just start by organization, and I would like to hear from you just how your outreach efforts are working, and whether you think something can be done from the point of view of the Veterans' Administration on the Outreach centers to assist you in your Outreach effort a little bit more effectively.

Roger and Larry?

Mr. ANDAL. Well, I guess as department commander of the DAV I rely quite heavily on the national organization of the Disabled American Veterans to disseminate their information down on what the Veterans' Administration is doing and what they are supposed to be doing rather than relying on the Veterans' Administration telling us what is available. Sometimes through this approach I find out that there is benefits that are available to veterans that are not being used, such as the HISA program that I mentioned in my testimony.

Mr. DASCHLE. Have you been contacted by any of the Veterans' Administration offices here in South Dakota asking you to assist them in their outreach effort to provide information?

Mr. ANDAL. I have not.

Mr. BOUSKA. Yes, I have.

Mr. DASCHLE. And describe that briefly, if you could, Larry.

Mr. BOUSKA. Tom, I hate to say this, but it is more or less when I get that type of contact it is more an off-the-record type thing from an individual who works for the Veterans' Administration, not so to speak from management. They see a problem but they cannot do anything within the system to try to change it, so that then they come off the record to us in an effort to try to effect some change or to get to people.

Mr. **Andal**. I guess I would have to say that as a service officer up at the hospital, I volunteered a couple of days up there, this was brought to me too by some employees of the veterans hospital. They say there is a certain patient sitting down on 2 North at the psychiatric ward and it is their feeling he should be at the vet center, that he has delayed-stress-type problems and he is not being treated for these conditions and he does not seem to be receiving adequate treatment, and they ask for my intervention to see that the person gets to the vet center, and that is where I get involved.

Mr. **Daschle**. How about Bill or Ken or Ray? Have you been contacted at all?

Mr. **Maher**. First of all we have a county veterans service officer in each part of the State, and this part of the State is my territory, which results in a contact usually once a month with each of my service officers. The information that I disseminate for the Veterans' Administration generally gets to me through the benefits counselors and the people in the medical administration. I am not dealing directly with the Directors in the centers and so on, but they do give us a great deal of information, and then we also get from the national organizations which we in turn pass out to our people.

Mr. **Asmussen**. I had indicated in my testimony that vet centers must continue. I will stand on that. I think the staff in Sioux Falls is doing a remarkable job. I feel that Fred in Rapid City is doing a remarkable job, and I have got to go along kind of with what Roger down here says. I have an office in Sioux Falls in the division of veterans' affairs. That is my main office. It is passed along from different people to our office and we, in turn, take it from there.

Mr. **Daschle**. Bill, have you been contacted by the Veterans' Administration in any case?

Mr. **Asmussen**. In some cases; yes, sir.

Mr. **Daschle**. They are coming to you and they are saying, "Look, we know there are a lot of veterans out there that may not be aware of a lot of the services we provide. Would you help us with disseminating information through whatever avenues you have available to you to get this information out?"

Mr. **Asmussen**. Yes.

Mr. **Daschle**. They are doing that, good.

Mr. **Andal**. I am not sure the DAV came to us to ask us to disseminate information. The DAV has a van program that goes around once a year hitting the outlying areas including reservations. And Larry Bouska does, too. I have toured the area once and will do it once again before my tour is up, and have taken this issue up with the veterans at the meetings and let them know what exactly is out there at the vet centers, and answered some of their questions on agent orange.

Mr. **Daschle**. Larry?

Mr. **Bouska**. The problem here is that, you know, as an organization we are all set up. It does not matter what the name of the organization is, but you have an organization. So it is easy to disseminate information to your members, to your people. But the problem here is when we are dealing with Vietnam veterans and those Vietnam veterans with severe stress-related problems, they are the veteran who has buried himself. He has been turned off in the past either by the Veterans' Administration or anything in the traditional form. So the problem here is to contact that veteran because as I see it, he is the one who needs the care the most. And if I might relate just from a personal viewpoint, we have gone out and each year I do go out but it is sad to say, it is physically impossible to go out every week or every month. We cannot do it.

I go either up to Fort Thompson or to Pine Ridge, down in those areas of the reservation and, Mr. Chairman, the people that we come into contact with, almost every one of them was a combat vet, and I would even have to say that probably three out of four of them also had the Purple Heart, and I do not know what it is, but they are very proud people. They are very reluctant to push. They just will not push against the system, it seems. And those are the people I feel that are the most deserving of an Outreach type of effort. And I also feel that it is the Government's responsibility to get it out there to them.

Mr. DASCHLE. Both Roger and Larry have made the comment that we cannot use the traditional means of treatment. You say, "I suggest to you that the Veterans' Administration really has no treatment program of their own, but rely on the conventional approach adopted by groups such as the Alcoholics Anonymous." I think we could take that one step further, and the concern that I have is that we are using conventional means of contact, of outreach that is equally perhaps as inadequate in dealing with the problem we confront here. Because, in finding the people we are going after, you are not talking about the people who are happily married and easily prone to join the DAV or the American Legion or the VFW. You are looking for people that are tuned out and very frustrated with society and unlikely to join in. So they would not have the ordinary means.

I was interested in the comment that Fred made. Even with the promotional work that is being done on TV and radio, they probably do not even watch television that much per se, at least the news programs around which PSA's are generally found. You are not going to put a PSA in the middle of "Happy Days" or "Hawaii 5-O" or whatever these programs are, because that is where they make their most money. They are going to put their free stuff on 6 o'clock Sunday morning, and I do not know too many veterans that are watching television 6 o'clock Sunday morning. So we have to find ways in which we can get to these people that are not traditional, that are not conventional, and that is a challenge not only for the Veterans' Administration but for the veterans organizations.

We will take some additional comment perhaps after the last witnesses, but keep your comments, because I do want to get them.

Mr. ASMUSSEN. I would like to say one thing. It is surprising the number of Vietnam veterans that we are in contact with that never heard of the vet center. They do not know where it is at. If they have got one they do not know whether it is in Sioux Falls or Rapid City or Buffalo.

Mr. **Daschle**. That is the point I am trying to get to. We have got to get the word out much more effectively than what we have, and it is a job that all of us must do. I do it with newsletters, but a lot of these people are not going to read newsletters.

Mr. **Asmussen**. I would like to make one more comment. Recently we hired a tribal officer of the Native Americans who will be traveling to reservations very shortly, and we hope there will be some improvement in that. How much we do not know yet.

Mr. **Daschle**. Well, you have got to keep trying. I commend you for that effort.

Mr. **Andal**. One more comment having to do with what Ray has said and testimony heard earlier from Tommy Roubideaux. I think American Indians in South Dakota face a double problem in being a Vietnam veteran, and that is their relationship with the Veterans' Administration. The Vietnam veterans for years have hollered and screamed to get Vietnam veterans within the Veterans' Administration hospital. We have the vet centers now that have Vietnam veterans. I think it proves that it works to get your peer groups in there, but I think you have to look pretty hard to find Indian employees within the Veterans' Administration, especially in the counseling and psychology services and within the outreach centers. There is, in fact, a fellow in Rapid City here and they spoke of him earlier. His position is definitely needed, and in fact I think the Veterans' Administration should address that issue with a little more emphasis in South Dakota. We are dealing with a lot of reservations, and these people, I do not believe are properly represented in the treatment programs within the Veterans' Administration.

Mr. **Daschle**. From your experience, do we have many Indian people working within the Veterans' Administration that can relate in an Indian-to-Indian fashion?

Mr. **Andal**. In Sioux Falls, the hospital I can speak of, I do not know of one.

Mr. **Daschle**. That is something we may want to look into, why there is a lack of Veterans' Administration personnel who are Indian. I was not aware of that.

Larry?

Mr. **Bouska**. It is my understanding the Veterans' Administration hospital in Hot Springs set up a very unique alcohol treatment program in that it was designed by an Indian and it uses a traditional, so to speak, Native American approach to treatment for alcohol-related problems, and it is also my understanding that that program has a very, very high success rate, and they also have a very concerted followup effort. They travel out and they visit those people almost monthly, I believe.

Well, the success of that program, I believe, is what I was trying to bring out before is that you have got to just say the heck with these traditional treatment modes for the Vietnam veterans and you have to get out there, get something new and get out and do it.

Mr. Chairman, you know we have been getting lip service for so darn long you know that it is just ridiculous. Everybody is talking these issues, but what Vietnam veterans want to know is when the heck is somebody going to do something. That is the bottom line of it.

Mr. **Daschle**. Well, let us hope we are making some progress, however minimal. I share your frustration.

Byron, do you have any questions or comments?

Mr. **Dorgan**. Well, I find some hope. I sense that in years past that some of the established veterans organizations took a look at the Vietnam situation and a discussion about delayed stress and psychological drug problems, alcohol problems, agent orange, and so on. It said, well, these people are complaining and so on, but they are just veterans like all of the rest of us.

I sense now, in the last several years, there has been a real cooperative attitude or at least a more cooperative attitude on behalf of all veterans organizations to the special problems and special needs and special circumstances that the Vietnam veteran has been confronted with and that is really, I think, a hopeful sign for the coming couple of years.

Let me say this, that when I came to Congress and to the Veterans' Committee to serve on the Veterans' Committee, it was clear to me that if it were not for Congressman Daschle, we probably would not have legislation on the books today dealing with agent orange. If there has been any one tenacious, consistent voice saying we have got to deal with these problems on counseling and agent orange issues, it has been Congressman Daschle. And, I think, because of that sort of leadership not only from him but especially from him, everyone else is starting to come along and understand that yes, there is something unusual here, yes, we have some unusual problems that confront a very special group of people who deserve the attention of the Veterans' Administration and the attention of this country for the service they gave us and the problems they have developed as a result of that service.

So, I am really hopeful that for the next couple of years, and the progress that I think we can make in the next couple of years in an Outreach program and addressing these things even more aggressively to find out what does agent orange mean, how do we deal with the stresses and the addiction problems and so on in nontraditional ways that really do get at the problem and trying to get these people some meaningful help. I want to make that comment because I think we have gone through several periods with Vietnam veterans, periods of frustration and hopelessness, but I think we are moving toward a new period. I think your testimony reflects that this morning, and I really appreciate your testimony.

Mr. **Daschle**. Thank you all very much.

Our final panel is comprised of a number of Vietnam veterans; Dave Ressl, Bob Miller, Terry Lowell, and Larry Kabris.

Mr. **Maxwell**. Mr. Daschle, I also would like to give testimony. I was not given time to send in my testimony.

Mr. **Daschle**. What is your name?

Mr. **Maxwell**. Robert Maxwell.

Mr. **Daschle**. Could you identify yourself?

Mr. **Miller**. My name is Bob Miller.

Mr. **Lowell**. I am Terry Lowell and I have Dave Ressl's statement.

Mr. **Daschle**. And is Larry Kabris here?

Mr. **Miller**. I have got his statement.

Mr. **Daschle**. Terry, if you want to begin.

STATEMENTS OF DAVID RESSL, TERRY LOWELL, LARRY KABRIS, BOB MILLER, AND ROBERT MAXWELL

STATEMENT OF DAVID RESSL

Mr. **LOWELL**. David Ressl was unable to be here and he asked if I would read his statement for the record:

> My name is David L. Ressl, a Vietnam Veteran. I served with the U.S. Army for 10 years and have 5 years of service with the South Dakota National Guard. Of my 10 years of active service, 2 years 7 months and 8 days were served in the Republic of Vietnam as a door gunner on a CH-47 Chinook helicopter, assigned to the 159th Assault Support, 101st Airborne Division.
>
> In 1969 I was discharged from the Army after a 3-year hitch and returned home to Rapid City, S. Dak. Home only 4 months, I was suddenly taken ill and admitted to the veterans' hospital at Hot Springs, S. Dak., where it was diagnosed that I had contracted hepatitis while serving in Vietnam.
>
> My care during the 6 weeks at the veterans' hospital was that of professionals. I was made to feel comfortable during my stay. Also it was recorded that I had a skin disorder which was not identifiable and that it would be treated and would remiss with time.
>
> I returned to the military in 1970 and was discharged after 2-more tours of duty in Vietnam in 1976. In the fall of 1976, I returned to the veterans' hospital with the same skin disorder and asked that it be treated. Upon this visit I noticed that many changes had taken place in the staff and the attitude of the individuals serving the veteran; one of "Oh, you're a Vietnam veteran," as if to say, "Big deal, we have another cry baby on our hands."
>
> In the 6 years that have passed, I have continued to utilize only the veterans' hospital at Hot Springs, S. Dak., and have seen this attitude continue to prevail as does the skin disorder. My last stay was in 1981 in the fall for 10 days at which time a biopsy was done with no results given to me. I also asked to see a psychiatrist about having nightmares, 14 jobs in the last year, and my feelings of depression.
>
> I was counseled with my wife present by the staff psychiatrist and told that I was normal and not to worry about anything—I was fine. It was not until visiting the vet center in Rapid City, S. Dak., did it become apparent that I was experiencing delayed stress and decided to enroll into the vet center's counseling programs as did my wife.
>
> I feel it is time that this Government take the responsibility of the Vietnam veteran and treat him with the same respect and dignity that other veterans are given in this country. Fund the vet centers so that they can continue the work that they are doing and clean house throughout the Veterans' Administration and give the veterans back the rights they so justly deserve for their service they have given to this country.

Thank you.

Mr. **DASCHLE**. Why don't you proceed with your statement?

STATEMENT OF TERRY LOWELL, VIETNAM VETERAN

Mr. **LOWELL**. Mr. Chairman, I would like to address a major concern of each and every veteran who has served this country. At the time I entered the armed services of this country, the VA provided more than adequate care for its patients. This has changed in recent years with the constant budget cuts and a changing in attitude within the Halls of Congress.

I have been hospitalized several times; I have noticed a significant change in the staff at Fort Meade Veterans Hospital in South Dakota. They were worried about whether or not they will have a job in the near future and their ability to provide proper care to their patients due to the present budget cuts.

The staff on 113 South, which is the surgical ward, is excellent. They are caring and sensitive, and express this attitude daily. On other wards that I have stayed on, I have not seen this desire to really help the patient recover. The staff seems more concerned about protecting their positions.

Another major problem I have personally encountered is a total lack of communication between the doctors and patients, especially regarding medical problems. Most patients are not informed of findings of examinations. I have been treated for intestinal problems and have been told nothing more than that I may have a spastic colon, no mention or questions concerning agent orange exposure was brought up.

Nothing has been said as to why I have these problems and little has been done to correct the problem. I have basically been told that I will have to live with it.

I have had surgery performed on both knees and may require surgery again on my left knee. This is a result of injuries from Vietnam. The care I have received has been excellent but this may change unless the Members of Congress reaffirm the commitment to those who willingly serve their country both in peace and in war.

It wasn't the young men who decided to wage war in Vietnam. That decision, as you know, came from Congress and the White House. That same leadership prohibited us from striking some targets that would have shortened the war considerably and effected a different outcome.

The greatest fighting force in the world was sent into battle with their hands tied. The time has long passed for those responsible, or their counterparts, to face the realities we have to contend with and provide us with every conceivable means of support, care, and rehabilitation.

This cannot be achieved if the VA is denied adequate funding to maintain or improve on the present medical, sociological, and educational programs we have. I feel the veterans Outreach program, the vet centers, is the most effective first step in a long road home for a lot of guys who have paid their dues tenfold and more.

Thank you, gentlemen.

Mr. **Daschle**. Thank you very much for an excellent statement, Terry. If you will stay while the other panel members provide us with their statements we will have some questions for you.

Bob, if you wish to proceed, you may want to read Larry's statement first and then proceed with yours.

STATEMENT OF LARRY KABRIS, VIETNAM VETERAN

Mr. **Miller**. This is from Larry Kabris. He is in school at this time and I would like to read his testimony:

> My name is Larry Kabris. I served in the U.S. Navy for 4 years of which I was attached with the Marine Corps for 3 years. I was sent to Vietnam in January of 1966 as a combat corpsman and served until March of 1967. I was with the 3d Marine Division in Chu Lai, Phu Bai, and Danang. While in Phu Bai, I was attached to the medical combined action program which is a program treating the sick and injured Vietnamese in the villages. I started a Chieu Hoi village, which is a rehabilitation program for the Viet Cong and their families who surrendered to the Vietnamese Government. My job was to maintain a medical program there.
>
> After I got out of the service I went to work as a truck driver for Barber Transportation Co. here in Rapid City. I was with them for 14 years but through deregulation of the trucking industry and the state of the economy, a lack of work caused my layoff.

Because of the change in my life through the loss of my job I am pursuing a career in the medical field to become a registered nurse. I am presently enrolled at the Rapid City School of Nursing.

I believe I am suffering from delayed stress because of the symptoms that I have experienced. I was married and divorced twice. Just recently I knocked a couple of holes in my wall in the basement because I lost my temper and was tired of always being the sensible guy—always playing it straight. This supposedly is a symptom of the medic who served in Vietnam.

Also, the sound from helicopters bothers me when I hear them. It is a reminder of the wounded we had to take care of; blood and death comes to my mind. Also the seriousness that I experience in all the activities I participate in affects my social life.

I'm always too straight and rigid when dealing with people. I keep a loaded .45 pistol beside my bed for the purpose of protection and security, the same kind of gun I carried in Vietnam. All of these things have caused me to realize I had better get help while I still could, so, I went to the vet center to see what they had to offer.

In reading a DAV pamphlet on delayed stress, that was made available by the vet center staff, I realize that I am having the same difficulty in readjusting that many other Vietnam vets have.

I wanted to get back into school and thought the vet center might have something to offer the Vietnam veteran. I tried to get some help through the Veterans Administration but got no satisfaction there. Although I have only recently contacted the vet center—about 1 month ago—they have made me aware of many things. They have helped me gain a better understanding of the problems I am experiencing. They are helping me evaluate and consider possible solutions to these problems. Other Vietnam vets who have been through rap groups or one-to-one counseling at the vet center tell me that I will also be helped to reconsider many of the unanswered questions I have that are related to my Vietnam experience.

The vet center has given me the most satisfaction in trying to get something that could be beneficial to me. I was encouraged to join, and I did join, the vet center softball team. Because of this I have met many people that I have something in common with and we can relate to one another and understand each other's feelings.

The people that work at the vet center—Fred, Ric, Jim, and Bill—are friendly, professional and, most importantly, they care what happens to me and anyone else seeking help from the vet center.

I will be going through a rap session at the vet center in the near future which, I hope, will allow me to loosen up to relate more to people and be a little more carefree in dealing with friends and people in general. With their help I will learn to cope with yesterday, plan for tomorrow, and enjoy today.

Thank you. Larry Kabris.

Mr. **Daschle**. Thank you for reading his statement.

Why don't you proceed with yours?

STATEMENT OF BOB MILLER

Mr. **Miller**. On Monday, August 23, 1982, I went to the Hot Springs, S. Dak., Hospital for a 7:38 a.m. appointment to have the agent orange physical. The lab tests and X-rays, were completed by 8 a.m. By 8:45 a.m. the nurse had taken my blood pressure and temperature. At 3:45 p.m. the doctor finally saw me.

I feel that the 7 nonproductive hours of waiting to be unreasonable after having a 7:30 a.m. appointment. When I was with the admin, lab, X-ray, or doctor, I was treated with courtesy. I would like to say that Dr. Grant and Tom Hinebriks were very professional in their performance of their duties when I finally got to consult with them.

In order to complete the exam, I have to wait until October 22 to see the dermatologist, which is 2 more months. I feel that the VA system sucks.

Thank you.

Mr. **Daschle**. Thank you, Bob. That was quite a summarization.

Mr. **Dorgan**. In Congress, they usually use about eight words to say what you said in one.

Mr. **Daschle**. Mr. Maxwell, if you wish to proceed now.

STATEMENT OF ROBERT T. MAXWELL

Mr. **Maxwell**. I would like to read this and then after, I would like to elaborate just a little bit.

This letter is being written in grievance over the decision made by the Adjudication Department of the VA Medical Center in Sioux Falls, S. Dak., about the taking away of my disability and refusing to grant me 100 percent disability.

I was admitted to the VA Medical Center at Fort Meade, S. Dak., on January 6, 1982, for my service-connected disability and discharged April 6, 1982. During my hospitalization I was treated very well, and the staff was very good at what they were doing. The staff was very patient with me and understood my problem.

During my hospitalization I went through various testing to determine what caused my disability and why I had so much trouble in the past with schools and jobs. It was proven by the hospital that I had brain damage and a seizure disorder.

While I was serving in the Navy I was severely beaten on the head, causing the damage.

After being discharged from the hospital on April 6, 1982, I was told by the hospital that I was totally disabled and determined unemployable and untrainable. This was determined by five professional staffs including psychiatry, neurology, vocational, et cetera.

On May 25, 1982, I received a letter from the Adjudication Department in Sioux Falls stating all my disability was being taken away because it was felt that I was not admitted for my service-connected disability and that the diagnosis was determined to be less than 10 percent, and this is the letter that I received from them.

I was readmitted to Fort Meade, June 1, 1982, for depression and later found out that an error was made on the final hospital summary that was sent to Sioux Falls.

During my stay at Fort Meade from June 1 to July 21, 1982, the summary was rewritten and sent back to Sioux Falls again saying I was unemployable and untrainable. This time it was felt by Adjudication that the chief of psychiatry, Dr. Weiland, should not be able to make a diagnosis of this type and asked that I be seen by two other doctors. I was seen by these two doctors for about 3 hours total.

How can 3 hours determine a diagnosis that 6 months cannot? I have page after page, approximately 24 pages of documentation, that states I am untrainable and unemployable and I have brain damage and a seizure disorder and yet my life is being played with like I was some kind of toy.

I did receive compensation for the time I was in the hospital the first time, but have received nothing for the second stay except a letter saying the 10 percent I had for 10 years was being taken away August 1, 1982.

I feel my life is being tampered with by the treatment I'm getting at the Sioux Falls regional office, Adjudication Department. I'm not getting the chance at life that was taken away from me.

I would like to say that I was treated like a human being at Fort Meade and I left there feeling very good about myself.

Now I have nothing and feel that Sioux Falls is playing a game with my life.

It should also be noted that this is not only happening to me but to other veterans I have come in contact with.

Thank you for your consideration.

I have two final hospital summaries that I would like to read just partially of. The first one was a rewrite of that final hospital summary. It states:

> Upon checking the chart, it appears there was an error made in the final 10, 1,000 summary and there appeared due to the fact that on the initial history when this veteran came to the hospital on January 16, 1982 there was a provisional diagnosis made of organic personality disorder and unfortunately the final diagnosis was not carried over to the 10, 1,000.
>
> It should definitely be indicated there was a 21-day progress note sent in on 1982, indicating that he was being treated for his depression which is service-connected. At that time it was noted that the veteran's depression seems to be superimposed from the organic problem that neurological, psychological testing definitely indicated brain damage and a seizure disorder.
>
> This statement was made due to the fact that he originally was listed as having depressive reactions superimposed on psychopathic personality with history of migraine headaches. This definitely should have been changed as there has been no indication of psychopathic personality either through our interviews with him, contact, or through psychological testing. It should also be indicated that when he was last hospitalized as a veteran he went through several tests, psychological, neurological and also through rehabilitation and it was the opinion of the staff throughout the hospital that this veteran is considered unemployble and untrainable.

Mr. **Daschle**. Bob, in the process of taking your testimony here, I have consulted with our counsel and that is a matter of personal import to you and certainly one that's in the purview of the committee examine.

I have asked him as counsel to take a good, close look at the case that you have presented us and he has agreed to do that. So, if you will turn that information over to us I can guarantee you that we will look at it.[1]

Mr. **Maxwell**. This is not personal, Mr. Chairman. It also has to do with a lot of the other veterans up there.

Mr. **Daschle**. That's why I'm going to turn it over to the committee rather than my own personal staff. I think that they are going to be in a position by which I think we can investigate some of the things that you have brought out here and I only say that now because Congressman Dorgan has a plane to catch and he wants to ask a couple of questions of the other witnesses.

So if you will turn that over to us, we will proceed with some follow-up work and I assure you that we will satisfy the request that you brought.

Mr. **Maxwell**. Thank you very much, Congressman.

Mr. **Daschle**. You are more than welcome.

Byron, you may proceed.

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[1] Retained in committee files.

Mr. DORGAN. Bob, you were issuing some complaints about the type of service you received in the Veterans' Administration hospital?

Mr. MILLER. Yes, sir, I was. The agent orange physical is supposed to be top priority and they treated it second class. There are drunks coming in off the streets that got service faster than me.

Mr. DORGAN. The Veterans' Administration is established for the veterans in this country and my experience, and I have toured some veterans hospitals, my experience has been at the hospital that I am most familiar with in Fargo, for example, is a first class institution and the people who run it want to run it in the best way they can and generally do a pretty good job.

But there are occasions when things are happening that should not happen. Your description of the wait that you had for an agent orange physical is a description of some procedures that need changing, clearly. I think that the head of the hospital, the head of the facility, the people who are involved in the management of that need to know those things, and I appreciate your bringing them to our attention so we can pass them on.

I would encourage also any veteran, and I am sure the people who are administering the services at the facilities, any veteran who is displeased really should talk to the head of the facility and say "Look, here's what I experienced and I don't think it is reasonable, do you?"

I find most of them to be pretty receptive to that. So I encourage you in your future dealings with the facility to visit with the person who is the head of the facility and say, "Look, here's what I experienced and it is just not the right thing and I hope that you can take some action to correct it."

But thanks to bringing that to our attention, because it is the kind of thing that we want to know about the services being rendered.

Any other experience that you have had in that regard?

Mr. MILLER. That's the only dealings that I have had with the VA. It is too much of a paper chase.

Mr. DORGAN. Terry.

Mr. LOWELL. I have had the same experience. I went for the initial agent orange physical approximately in 1980 and received basically the same runaround: The 7:30 appointment—they came in and took my pressure, blood sample, an hour later they sent me down for an X-ray and I sat around until almost 4 o'clock until I saw someone that asked me a few questions, very limited questions like, was I in Vietnam and this type of thing and then I never did actually see a doctor until about 2 weeks later they had me rescheduled to come in and see a doctor.

Since that time I received a letter saying all my problems are not associated with agent orange.

The physical was very cursory. They really did not do much in regards to it. I went back. I asked for another agent orange physical just recently down at Hot Springs. I was told the facilities down there do provide an excellent agent orange physical.

I went down there, talked to them briefly. They saw my card. They asked me if I had ever had a physical and I said I had a real cursory agent orange and I have had surgical physicals. Oh, that's good enough, and they sent me back with absolutely nothing in regards to agent orange being discussed or anything.

Mr. **Dorgan**. That is of concern because the things that Tom has pushed for initially, and now I think the whole committee is pushing for in legislation, is broad screening that tries to figure out what is it that we are discovering out there. The reason that veterans go in and get a physical and don't learn much is that nobody knows very much about what this agent orange is, what it does, what it means to your life in the short term and long term.

Mr. **Lowell**. Just an example. I went in primarily because I had pretty severe rashes on both legs. I was referred to a dermatologist approximately 2½ weeks later. She looked at it and said that's really rare for someone in your age. We see it occasionally in people that are 85 and 90 years old and that's all I was told—85 years old—I'm not 85 folks, I just turned 36, and I'm running around with diseases and rashes and what have you for 85-year-old people.

I am worried. I would like to know why and what are they going to do about it.

David Ressl was in the same boat. He has been exposed. He has got the rash and they have not done anything for him. Most of us have attended agent orange physicals and are really being left to take care of ourselves.

Mr. **Dorgan**. Well, I appreciate your comments in that regard, because the committee is very interested in knowing how the screening is progressing, how it is being done and what we are discovering. The procedures you talked about, about waiting and so on we are interested in as well.

That is probably not peculiar to Government hospitals. In private hospitals they wake you up and give you a sleeping pill.

The point is, we want the vets hospitals to operate in an efficient way and operate in a way that is for the veterans benefits. We don't want those things to go on. So I think your testimony is very valuable and I appreciate it. I'm sorry, but I do have to leave.

Mr. **Daschle**. Well, we are glad to have you and thank you for participating this morning.

Mr. **Dorgan**. We should say also, Bob, the staff on this committee really does first-rate work on cases that they take a close look at, and I assure you if you turn the information over they will do a very good review.

Mr. **Maxwell**. Well, I would like to ask a question if you can answer it. Some of the patients, I myself have included at Fort Meade, I'm an outpatient now, but we wait for this paperwork. We wait and we wait and we wait.

The paperwork from Sioux Falls has to send it to Fort Meade for information. Information from Fort Meade has to go back to Sioux Falls, Sioux Falls again has to send it back to Fort Meade and Fort Meade, so on and so forth, and all it's doing is causing more hurt to the veteran than it's doing any good. Whether or not he gets benefits or not.

In my case, mine were taken away. What good does it do? Some of us feel that there should be some kind of a deal worked out where, why can't Fort Meade handle their own cases? Is it just because Sioux Falls is a regional office for the eastern region? Why can't we have a western region? To me, it's a total waste of money that can be used for something else because it costs more money to send back and forth and back and forth and back and forth than it would be to just have the staff do it.

The staff is already there. All they are saying is that Fort Meade is incompetent enough to make any diagnosis whatsoever.

Mr. **Dorgan.** That is a jurisdiction question I can't answer.

Mr. **Daschle.** I am going to ask Ralph Casteel to enlighten us a little bit on that.

Mr. **Casteel.** I will try to answer it. I am not so sure it will be a satisfactory answer, but I will tell you the VA's answer. Of course, the Adjudication Division for the entire State of South Dakota is at the Sioux Falls regional office. They have a rating board which reviews the medical evidence that is submitted by the VAMC Fort Meade in order to come to a determination of whether or not what you have is service connected and if it is service connected to what degree.

Now, if it is 10 percent or more then it becomes compensable. If it is less than 10 percent you may have a service-connected condition which is noncompensable. Generally there is only one such regional office in each of the 50 States that have this Adjudication Division.

It is usually composed of some administrative personnel, a lawyer, and in many cases, a doctor. They work outside and independent of the Department of Medicine and Surgery.

Now, when they say that your condition is nonservice connected, you still have a right of appeal to the Board of Veterans' Appeal in Washington, D.C. This is the so-called supreme court for adjudicating these cases. Their decision in the matter would then become final.

In your case, [illegible] don't know why the back and forth. I would assume they [illegible] seeking more medical information from whoever filled out the [illegible] that went to the Adjudication Division in the Sioux Falls regional office.

Mr. **Maxwell.** [illegible], what I'm trying to find out is they have page after page [illegible] documentation stating that I am service connected and that I have this disability.

Mr. **Casteel.** Well, the Fort Meade VAMC cannot make that decision.

Mr. **Maxwell.** I am not saying the decision. Not a decision but a diagnosis.

Mr. **Casteel.** The Fort Meade VAMC physicians make that diagnosis and the regional office determines whether or not it was related to your service.

Mr. **Maxwell.** But they are not doing that.

Mr. **Daschle.** That is what I think we are going to have to look into and find the answer to that question.

Mr. **Casteel.** Now, your case is not necessarily unique. As you indicated, it is happening to other people and we get this complaint quite frequently. When we do, we try to look into them to see what the VA is really doing.

Now, we have experts on the staff that are as good if not better in rating cases than the VA. So this is why we would like to take a look at it.

Mr. MAXWELL. It is not that I am asking for $1 billion. I just need a chance.

Mr. CASTEEL. In any event, from the date you made the claim, whenever the decision is made if it is that you are service connected you will receive compensation back to that date that you made the claim.

Mr. MAXWELL. Thank you.

Mr. LOWELL. Mr. Daschle, I would like to make one more statement.

Mr. DASCHLE. Yes, sir.

Mr. LOWELL. With regard to the Rapid City Vet Center, the staff there is fantastic. Dr. Fred Magnavito, Rick Seesz, Jim Mitchell and Bill Menard. Those people really care and they help us local veterans in any way possible and I just think they deserve a full round of applause.

Mr. DASCHLE. I share your view. Ralph and I and Bea have been down in Atlanta and I have had some meetings in Oklahoma and up in Connecticut on the same kind of thing. I have been over in Sioux Falls and can tell the veterans here in Rapid City that I don't know if there is another Outreach center anywhere in the country that functions any better if not as well as the one in Rapid City, and it is attributable to those four people and the incredible contribution that they have made and given so many other veterans hope.

It is an attitudinal problem that we have in Washington that fortunately is not reflected here in the Outreach center. Those people go way beyond what their job requires. They go way beyond what their pay would entail to provide that service and they have been given the support from the hospitals which allows them to do that.

I think the Veterans' Administration from what I have seen, right now the real attitudinal problem is in Washington. I am confronted every day with the comments that I get out of the Administrator's office. Right now we have an Administrator that in my opinion is more interested in decorating his office than what kind of veterans benefits were given to the veterans.

[Applause.]

Mr. DASCHLE. That attitudinal problem is where we have to address a large part of the congressional efforts. I have personally asked for his resignation simply because I don't think he is providing this very, very important part of Federal Government with the kind of direction and administration we so desperately need. But that certainly is not reflected here at the local level, and that's to the credit of the Outreach center and to the hospitals that have provided the service.

So to you, the panel, I want to commend you for your fine statements, for providing us with the information you have. As blunt as it was in your case Bob, and Terry, and to you Bob, too, I want to thank you.

That will conclude the formal part of the hearing, but there were some people in the audience outside of the official hearing that I would like to hear from. There were some hands raised, some comments that we wanted to provide and we have a couple of minutes. I would like to make sure that they come forward and they are heard as well.

So if we will make room for them at this time, again my thanks.

STATEMENTS OF HOWARD ROSS, JAMES H. SHOOK, DALE LUDINGTON, PAT KENEFICK, JOHN BLAKE, AND RICHARD SEESZ

Mr. **Daschle**. Those that raised their hands, I would like you to address the committee. Give your name and then I will take your comment. We have about 5 or 10 minutes before I have to get on a plane to Bismarck, but let's just start at the left here and go to the right, if that's OK.

STATEMENT OF HOWARD ROSS

Mr. **Ross**. I am Howard Ross from Belle Fourche, S. Dak. You mentioned a number of times about disseminating information to the vet. I joined the Navy from New Hampshire in 1965 and I left home and I have not gone back home since that year.

If they were to try to get information to me, my father is dead and my mother has moved twice. Both my brothers have moved. There is probably no way of finding me out here and I am sure a lot of other veterans have moved all over the country.

In Belle Fourche we started a veterans organization in May. We now have 60 members in Belle Fourche alone and we have probably 110 in the area. We are trying to find the rest of them but we have done it on our own. Three or four of us got an idea. Let's get together and just sit down for coffee.

From that first meeting we have identified 60 members in the area. We have about 50 more to find. That's the way you are going to have to disseminate information is to get local towns, get them together, sit down and just talk things over. The mailing system is not going to work.

Mr. **Daschle**. Excuse me for interrupting. You are finding people that had never heard of the vet centers or the services provided for the first time?

Mr. **Ross**. They have probably heard of them but want nothing to do with them. That's the big problem we are fighting. They want nothing to do with the bureaucracy of the system. We asked the VVLP if they would come up to one of our meetings. Ten of them came for the meeting. I about fell out of my chair.

I thought one guy would come up and they brought the whole crew. We attended the open house. They want our help and they want us identified. That is what we are doing on the local level and I think it is working for us really great.

Mr. **Daschle**. Would you do me a favor and submit to me just a short summary of how you got organized and what your activities are. It might be something that we might be able to send to other active veterans in other communities that might be willing to do the same thing if they knew what you did.

So would you be willing to do that?

Mr. **Ross**. Would Monday morning at my house be fine? That is when they are due for coffee.

Mr. **Daschle**. I am coming to your house on Monday morning?

Mr. **Ross**. Yes, sir.

Mr. **Daschle**. Hand it to me, then.

Is this for one of my house calls?

Mr. Ross. Yes. Your secretary said you would be there.

Mr. Daschle. I will be there. I just go 1 day at a time.

STATEMENT OF JIM SHOOK, VIETNAM VETERAN

Mr. Shook. My name is Jim Shook. I am originally from Toledo, Ohio. I have been a patient out at Fort Meade for 6½ months now for delayed stress purposes. First of all, I would like to say you are doing a great job but we have got some problems in the VA system. People like Dr. Feldner here are doing great work and Ed Netterberg and those people.

You have got physicians that are turning everything around that they are doing and you have got dissension out there between the doctors, psychiatrists, psychologists, and the regular physicians. If the physician does not see anything physically wrong with you and one of the psychiatrists or social workers go on a vacation, the first thing they want to do is throw you out the door.

This is what I wanted to state to you and I think it's a real crime to do that to a veteran. It has not only happened to me but some other veterans out there, too.

Mr. Daschle. Who have you talked to about this?

Mr. Shook. I have reported to Dr. Feldner and he has been working on the problem, I believe.

Mr. Daschle. Has Dr. Feldner gotten back to you?

Mr. Shook. He has told me he has taken some steps to straighten it out.

Mr. Daschle. Do you feel progess is being made on this or not?

Mr. Shook. I really don't know. The patients are kind of in the blind. We really don't have any idea now the hospital is operating. I get a feeling that when our backs are turned, it's another story out there and I think it is a real crime.

Mr. Daschle. Well, Dr. Feldner is here. Maybe if we can get the two of you together again right after the hearing, perhaps we can make some further progress on this. If that's what is happening, you are right. We try to avoid that. Obviously I think we have some dedicated people here who are trying to see that that kind of thing does not happen but where it does it is incumbent upon all of us to see that we correct it and whatever I can do to correct it, I want to do.

I see with Dr. Feldner here we are missing a golden opportunity to make some more headway on that effort and I think we ought to proceed.

STATEMENT OF DALE LUDINGTON, VIETNAM VETERAN

Mr. Ludington. Dale Ludington, a patient at Fort Meade VAMC. Delayed stress is my primary diagnosis. I feel that Steve Moore and Dr. Feldner are doing a fantastic job out there working with us. My main issue is these gentlemen, in my case, have invested about 8 months of their time rebuilding me from nothing to feeling like someone. They put in specific recommendations going back to Mr. Maxwell as he said earlier, recommendations to the Adjudication Board in Sioux Falls and the Adjudication Board cannot follow their recommendations, which in my personal feeling sabotages 8 months of work.

I got out, started trying to build a life for myself of working toward educational goals and through the adjudication process I have had it totally pulled out from underneath me, and back there I was back in the hospital. The hospital does great.

Mr. DASCHLE. Would you contact me? Let's work on this together.

Mr. LUDINGTON. I have written you many letters.

Mr. DASCHLE. Have you written me since the adjudication?

Mr. LUDINGTON. Right now they work on the DSM3 for diagnosis. There is a conflict in my diagnosis and Dr. Lieberman, who is the chief of psychiatry at the hospital, can find no conflict. He showed me in the book where there is no conflict. Adjudication says there is in fact a conflict and I can only assume that the adjudication also works from the DSM3 also and this is what my problem is now.

It has kind of gotten to a push and shove type situation. It is almost as if, to quote Mr. Maxwell, the Adjudication Board in Sioux Falls is calling our people out in Fort Meade a bunch of incompetents and whereas in reality I can't envision that. I put my trust and actually my life in their hands. They have given me reason to start my life again and adjudication tears it apart with one stroke of the pen.

Mr. DASCHLE. Ralph Casteel has just informed me that his heavy duty push and shove staff of experts on the subcommittee would be willing to take a good shot at that one, too.

Mr. LUDINGTON. Carol out in Aberdeen and Lee in Washington have been super to me. I think you have got a fantastic staff.

Mr. DASCHLE. I do, too. Sometimes Ralph has a little more muscle. He knows the ins and outs and let's see what he can do.

Thank you for giving that to me.

STATEMENT OF PAT KENEFICK

Mr. KENEFICK. I am Pat Kenefick, the DVOP in South Dakota and you were asking if anybody gets information of the VA out. I probably see more veterans than anybody else in this room does daily. I see the same every day but I see different veterans at all times and yes, sir, there are people that are getting the information out.

I am one of them. I have pushed the vet center. I pushed the VA hospital. I pushed educational benefits for vets and they are getting the word. Whether they are using it or not, I don't know.

Mr. DASCHLE. What percentage of the 18,000 veterans in South Dakota do you think are getting the word?

Mr. KENEFICK. They should all be getting it by word of mouth from other places.

Mr. DASCHLE. What I hear is happening in Sturgis and Belle Fourche and other places is that it is not happening. That's what they are telling me. What you are saying is that we are making progress through job service and other places. I'm not sure that in all cases they are getting it. They should be. You seem to be advancing the word significantly and that's commendable.

Mr. **Kenefick**. I can't say what is happening in other areas. I know what is happening in Rapid City. We have a number of different agencies that do get the word out to these people.

Mr. **Daschle**. Besides you, who in the veterans' organizations and the Outreach centers is getting the word out to these veterans?

Mr. **Kenefick**. All of your colleges have veterans' organizations. They get the word out to their people.

Mr. **Daschle**. Well, that is a good one.

Mr. **Kenefick**. There are a lot of vets going to school around this area. The veterans Outreach center, the VVLP, all of your service organizations, they are all trying to get the word out to these people.

Mr. **Daschle**. So the point you are making is that you think the information dissemination, the Outreach is satisfactory?

Mr. **Kenefick**. We are trying to get it out to them.

Mr. **Daschle**. Is it satisfactory?

Mr. **Kenefick**. I think it is.

STATEMENT OF JOHN BLAKE, VIETNAM VETERAN

Mr. **Daschle**. Rick, it is good to have you here.

Mr. **Seesz**. Thank you.

My name is Rick Seesz and I work at the veterans' center here in Rapid City. I was asked by a young veteran to read a statement on his behalf. I was also asked by Larry Kablis to make a supplemental statement in regarding campus vets and educational benefits so I would like to read the testimony.

Mr. **Daschle**. That looks like a pretty thick one?

Mr. **Seesz**. No; a short one.

This is a statement of John Blake, Vietnam combat veteran. Mr. Blake is making a walk across the United States. He started on the west coast in Washington State and his destination is Washington, D.C., for the upcoming dedication of the memorial.

His statement is entitled, "A Mission at Home, 1982":

> The present program to the dedication program for the Vietnam Veterans Memorial, a mission of healing in America. The trans-America walk being performed by Vietnam vet John Blake has won an award for caring for their surviving comrades.
>
> These are times of economic difficulty and budget-cutting has become trendy, we would like to impact on the situation as for any budget-cutting for VA funds. The American veteran is the single highest investor in the United States and is entitled to the maximum support for any and all medical problems he or she may develop as a direct or indirect result of service.
>
> Any administrative action such as budget-cutting which adversely impacts the ability of the VA to provide these services constitutes a breach of contract and will not be tolerated for very long. America's tradition of caring for its veterans will not be denied.
>
> On this we are as one. E Pluribus Unum.

STATEMENT OF RICHARD SEESZ, VETERANS CENTER, RAPID CITY, S. DAK.

Mr. **Seesz**. The statement I would like to make is in regard to a holistic approach to health care for Vietnam veterans.

We all know and understand that there is a 10-year delimiting date for education benefits. I hope there is an understanding that for a long time, Vietnam vets suffering from reactions to the war in Vietnam were in a position where they were not ready or able to cope with the demands placed on them on campus.

Now, 10, 12, 15 years later when they are ready to sit down and go to school, they can't—there are no benefits available. I think, in view of a holistic approach, that if these benefits were extended and made available, that we would have a much healthier Vietnam veteran population in this country.

The last thing I would like to say is, I don't think South Dakota should be sold short. The actual figure is 25,000 Vietnam-era veterans of which 18,000 actually served in Vietnam.

Mr. DASCHLE. Thank you for the correction. You are right.

Mr. SEESZ. Thank you for the time.

Mr. DASCHLE. Yes, Dr. Simmons?

Dr. SIMMONS. I know I have already made my statement, but listening to everyone talk, I would just like to maybe make a couple of statements here.

First of all, I think that in every level of decisionmaking the Veterans' Administration should have Vietnam veterans on these boards. I don't know how many Vietnam veterans are on the Compensation Board in Sioux Falls. I doubt if there are any.

How many Vietnam veterans were on the boards that made the decision on the research? None or very few. How many Vietnam veterans are in our upper echelon levels, the real decisionmaking areas? Very few. We have a lot of qualified people that have gone to school. They understand administrative and other things. I think we need these people at each level within the system.

Now we have a real problem and I include that. I have had 10 years of my life in the Veterans' Administration system so I am talking both from within and without. We don't trust them—and why don't we? Because of what their past performance has been.

Now they have tried. They have tried very hard and the attitudes are much better now but we don't trust anybody that has not been there. If you are not one of us we don't trust you and I say that as a combat Vietnam veteran, too. I think we have got to have Vietnam veterans in these decisionmaking purposes and that includes Washington. Maybe even as the person who is running the show up there.

Second, locally, the VA moneys don't get to the stations. You can legislate all the programs you want up there on Capitol Hill. The Central Office says this is great, folks. You do it, but no money and no people and we are already overworked and overstressed. Particularly poststress.

I think that is a major area that we have got to work on. There should be funding in poststress through the local people. I don't care about the Central Office and districts.

Another thought I had, there are no travel funds available. We can't take our physicians and teach them about agent orange. We are just beginning to know a little bit about agent orange and what we need to look at now. This information is brandnew. Some of it is not even compiled yet but there are no travel funds to send physicians to learn about this or to send people to teach the physicians out in various areas.

Another thing I would like to see is this South Dakota district that we have, this East River and West River stuff is ridiculous. Our moneys go through Minneapolis, Omaha; they don't understand our problems in North and South Dakota. We need our own district here. We have university affiliate hospitals in Fargo and Sioux Falls.

We have other excellent hospitals in Fort Meade and E. L. Springs and Hot Springs. We should be, I would think taking care of our own here. Why is Omaha and Minneapolis funneling away some of the funds we could use in our own programs?

The Vietnam veterans are a great resource to this country. We are young people. We have 30, 50 years of productive work ahead of us. The older veterans, they need the care. We have got to take care of them, but for the most part they are no longer productive or have very few years of production remaining.

And as far as the benefits to the country, we should be funneling a lot of money to our Vietnam veterans—rehabilitating them, taking them back to school, and getting them back into society.

One last thought, if I may, and that is, why can't we have a traveling clinic that is staffed with people that can come from various veteran centers and go, say, to the Indian reservations, or Belle Fourche, or other places where these particular agent orange-trained people, Vietnam veterans, sympathetic people, are available to these people so that this, perhaps, instead of the people coming to us, 250 miles to Sioux Falls or 250 miles to Rapid City, we can go to them.

I thank you for your indulgence.

Mr. Daschle. Thank you, Dr. Simmons.

I guess I should give you a standing ovation after that statement. The traveling clinic idea is an excellent one. It is one that has been tried elsewhere and Ralph recalls, and I think correctly, that it was in Georgia that the traveling clinic is used very successfully and I would like to pursue that here in South Dakota. No travel funds I think is indicative of the problems we find throughout the Veterans' Administration and throughout their programs.

They tend to think that unless you spend it in areas outside of Washington that it is not necessary. You have to argue twice as hard for funds being spent in South Dakota than you have to for funds spent on the third floor of the Veterans' Administration Building in Washington, D.C.

I don't understand that line of reason, but there are castles, and domains, and empires that constantly are built, and rebuilt, and reorganized, and redeveloped, and redecorated in Washington at the expense of traveling funds that ought to be spent out here.

It is absolutely ridiculous. No Vietnam veterans, I think that, too, reflects the policy that we get in Washington. There were some Vietnam veterans there. They are gone now and if we have our way they will be back one of these days. They can't come too soon.

I want to thank all of you for a productive hearing this morning. I think we learn something every time we go out and take testimony as we have again this morning. We not only learn but we rededicate ourselves to the purpose that we are out there for.

You have a committee in my opinion that is one of the finest in all of Washington. Sonny Montgomery and Ron Mottl are chairmen that have worked hard and certainly they have given me as free a hand as any young Congressman can possibly ask for in going after the things that are important to me.

Vietnam veterans are probably one of the most important issues that I work with on the committee and I have certainly had all of the support that any member could ask for from the staff and from them.

We are trying. Tommy Roubideaux repeated when I asked him to repeat because it is so apropos. We have miles and miles to go before we sleep. And all we can do is hope that as we progress, as we develop our programs, that they meet the needs that you have so ably expressed in the hearings this morning.

We will keep renewing our efforts, redoubling our purposes and certainly hope to come back each time with a little more to show for that effort. So to each and every one of you my thanks for making that effort a successful one this morning. Let's go on and proceed with optimism, with renewed hope, and certainly with a dedicated purpose.

Thank you all very much.

[Applause.]

Mr. DASCHLE. The hearing is adjourned.

[Whereupon, at 11:30 a.m., the subcommittee was adjourned.]

ADEQUACY OF CARE PROVIDED VIETNAM-ERA VETERANS THROUGH VET CENTERS AND THE VA DRUG AND ALCOHOL TREATMENT PROGRAMS

THURSDAY, AUGUST 26, 1982

House of Representatives,
Subcommittee on Hospitals and Health Care,
Committee on Veterans' Affairs,
Washington, D.C.

The subcommittee met, pursuant to call, at 2:35 p.m., in the legislative committee room, judiciary wing, State Capitol, Bismarck, N. Dak., Hon. Thomas A. Daschle presiding.

Present: Representatives Daschle and Dorgan.

OPENING STATEMENT OF HON. BYRON DORGAN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NORTH DAKOTA

Mr. Dorgan. Good afternoon. First of all I would like to sincerely apologize for the delay in getting this hearing underway this afternoon. As most of you know, this subcommittee held an identical hearing this morning in Rapid City, S. Dak. Congressman Tom Dashle of South Dakota, who chaired that hearing and will chair this one as well, has been delayed in arriving but should be here shortly. However, I would again like to express my gratitude for your patience and understanding.

Congressman Ron Mottl, the chairman of the Subcommittee on Hospital and Health Care, has asked Congressman Dashle and myself to participate in a series of hearings on the adequacy of care provided Vietnam-era veterans through vet centers and the VA drug and alcohol treatment programs. The purpose of the hearing this afternoon, beyond what I just mentioned, is to learn from the VA, veterans' service organizations, Vietnam veterans, and others, the adequacy of these programs, the medical care for Vietnam veterans that have disabilities that may be related to agent orange, and a range of other issues that may have a direct or indirect impact on Vietnam veterans who live in this geographical area.

As I noted previously, we did hold a hearing on this subject this morning in Rapid City, and a number of concerns were raised. Are we doing enough to find a link between agent orange and human disabilities? Is medical care for these disabilities being provided as mandated under Public Law 97-72? Are the vet centers being adequately staffed and funded, and providing a service to Vietnam veterans? These are the questions we will attempt to answer, and through the input we receive from you, attempt to correct through legislative initiative.

Again, I would like to thank you for your patience. I will be interrupting as soon as Congressman Daschle arrives in order that he may be recognized.

I would now like to recognize our first panel which consists of Mr. Frank Gathman, Director of the VA Medical Center and Regional Office in Fargo; Mr. Jim McLean, team leader of the Veterans Outreach Center in Fargo; Mr. Richard Stille, team leader of the Veterans Outreach Center in Minot; Mr. Glenn Fogel, Chief, Medical Administration Service of the VA Medical Center and regional office in Fargo, and Mr. Richard Ducharme, Adjudication Officer of the VA Medical Center and regional office in Fargo.

Gentlemen, we appreciate having you here and ask that you proceed. You may summarize your statements. However, without objection, your prepared testimony will be made a part of the hearing record.

STATEMENTS OF FRANK GATHMAN, DIRECTOR, VA MEDICAL CENTER AND REGIONAL OFFICE, FARGO, N. DAK.; JIM McLEAN, TEAM LEADER, VET CENTER, FARGO, N. DAK.; RICHARD STILLE, TEAM LEADER, VET CENTER, MINOT, N. DAK.; GLENN FOGEL, CHIEF, MEDICAL ADMINISTRATION SERVICE, VA MEDICAL CENTER AND REGIONAL OFFICE, FARGO, N. DAK.; RICHARD DUCHARME, ADJUDICATION OFFICER, VA MEDICAL CENTER AND REGIONAL OFFICE, FARGO, N. DAK.

Mr. GATHMAN. Concerns expressed by North Dakota Vietnam-era veterans parallel those expressed by Vietnam-era veterans throughout the Nation. I am not aware of any problems specific to this geographical area. Generally, concerns center around the recurring themes of: One, agent orange; two, post-traumatic stress; three, educational benefits; four, medical care.

In regard to agent orange, many concerned Vietnam-era veterans continue to perceive a lack of compassion, direction, and timely action from their Government. They assert that the Government has failed to provide some semblance of priority treatment for disabilities attributed to agent orange.

Publicity generated by the medical science community's involvement has only further alienated the Vietnam veteran. He has perceived these efforts by the medical community as a ploy to shove the matter aside.

Within the last couple of years, the media and veterans organizations have been less vocal on the agent orange question. For the past year, we have not noted the push for action formerly exhibited by organizations or the media.

Many concerned Vietnam veterans perceive this as an affirmation of a deliberate attempt to minimize the question. We at the Fargo VA Medical and Regional Office Center are fully aware of these concerns and continue to give agent orange our highest priority.

To date, we have provided 1,371 health care examinations to veterans concerned about herbicidal exposure. Follow-up care was indicated and arranged for 121 of these cases. Any veteran who feels his problems may be related to herbicide exposure received those tests necessary for evaluation and treatment is initiated.

Because answers are still unavailable to many agent orange questions, our physicians direct some veterans to other resources for care. Genetic counseling is an example.

If a physician determines such counseling would benefit the applicant, we try to arrange such assistance. When new developments arise on agent orange, we will alert the veterans of our area and institute appropriate treatment modes.

In regard to post traumatic stress disorder, many concerned Vietnam-era veterans continue to be suspicious of our disability benefit programs. However, many of these suspicions have been allayed with the advent of readjustment counseling.

Readjustment counseling for Vietnam-era veterans has been a realization in Fargo since January 1980 and in Minot since March 1982. Interaction between the medical center and the counseling centers is basic to this program and has worked well. Locality plays a major role in reaching veterans.

With the addition of the vet center in Minot we have been able to expand our services into western North Dakota. Recently, the Veterans' Administration initiated contracts for readjustment counseling. Our center was provided resources to allow private sector mental health clinics or practitioners to participate in counseling.

This expansion throughout the State would be of great benefit. However, we have received no responses to our inquiries and have been unable to contract with any service vendor in North Dakota for the counseling services.

The greatest share of post traumatic stress disorder claims are generated by individuals or groups who have made use of the vet centers. Veterans' Administration guidelines for establishing post traumatic stress disorder disability include the nature of the disorder and the identification of recognizable symptoms.

With adherance to these guidelines our evaluation board has little difficulty in determining whether or not service connection is warranted. Claims we have disallowed fall into a pattern where a recognized stressor cannot be identified or evaluated by service records or other evidence.

Educational benefits are the third major concern of the Vietnam-era veteran. I speak now of the chapter 34 educational benefit, commonly referred to as the GI bill. Generally, the Vietnam veteran feels that payments are insufficient and delimiting dates should be adjusted or abolished.

Increases in educational and training allowances have been provided periodically since 1967, with the last increase taking effect on January 1, 1981.

However, there are no measures presently under active consideration in the Congress which would provide any further increases. The Congress has consistently opposed any general extension of the 10-year delimiting date for pursuing educational programs.

It has, however, provided two limited extensions of the time frame. First, it granted an extension where the veteran or dependent, because of a physical or mental disability, not the result of the individual's own willful misconduct, was unable to pursue his or her program of education for a period of time during the regular 10-year period.

Second, it has provided a 2-year extension of the 10-year period where the veteran's eligibility has expired, the veteran has remaining entitlement, and the veteran is in need of high school or vocational training because he or she is educationally disadvantaged, or unskilled, or unemployed based on a lack of training.

This authority is due to expire on December 31, 1983. However, legislation is being considered in the Senate to extend this period to December 31, 1984, thereby giving additional, qualified veterans the opportunity to apply for such benefits.

Medical care unresponsive to the particular needs of the younger veteran is the fourth area of concern expressed by North Dakota Vietnam-era veterans. The VA Medical Center in Fargo understands this concern and strives to deliver the highest quality of care to all veterans.

Our annual admissions exceed 4,400 and outpatient visits exceed 28,000. About 25 percent of these activities are attributed to Vietnam-era veterans. Realizing the relative young age of these individuals, we see most care being provided in the following areas: One, mental hygiene; two, agent orange; three, accidents; and four, readjustment counseling.

A chemical dependency counseling program has been initiated to provide short-term hospitalization during which a multidisciplinary team assists the recovery. Individual treatment plans are developed jointly between patient and staff which directs the therapy as well as outpatient rehabilitation after hospitalization.

Within the last year we opened a psychiatric inpatient bed service to deal with the problems of the mentally ill veterans. This program will provide short-term acute care psychiatric treatment for the veterans of our region.

Accidents remain a major catalyst for Vietnam veterans to be introduced to the VA medical care program. Tendencies reflect that this active age group becomes involved in auto, home, farm, and night life accidents to a higher degree than others.

Broken bones, abdominal and head trauma are common treatment problems. This year we opened a surgical residency to assist Vietnam veterans in these cases. In surgical subspecialties; that is ENT, neurosurgical, without fulltime staff members, we derive consultant support from the local community.

Positive changes have occurred within the attitude of the Vietnam veterans and society's relationship to him. I have seen a dramatic turnaround by the Vietnam-era veteran in his trust or association with the nationally recognized veterans organizations.

The Vietnam-era veteran did not join or participate in those organizations, to any degree, until recently. Instead, the Vietnam-era veterans displayed a lack of trust, faith or confidence in these recognized organizations.

The Vietnam veteran has begun to recognize that the goals and programs which he desires are part and parcel of what all veterans organizations seek through the legislative process.

He now recognizes that the isolated efforts of his peer group are not sufficient to be considered a constituency with the necessary leverage to attain goals.

More and more, the Vietnam veteran is being recognized for the service he contributed to the country. Goals he now seeks as a Vietnam-era veteran will be in due time become enmeshed into the local veteran population legislation. We are now noticing less and less to "Vietnam-era vet" and more reference to "veteran."

STATEMENT OF JIM McLEAN

Mr. McLEAN. Readjustment counseling service, formerly known as Operation Outreach, presently consists of a nationwide network of approximately 141 vet centers. North Dakota is fortunate to have two vet centers, one located in the city of Fargo, and the other in Minot.

The Fargo Center became fully operational in March 1980, and the Minot Center officially opened in April of this year, 1982.

Both centers are staffed with three counselors, one of which serves as the team leader, and one secretary. Our centers are administratively attached to the Fargo VA Medical Center which serves as our parent facility, however, program supervision is provided by the program regional coordinator located with the Dallas, Tex., VA Medical Center.

In regard to the relationship which exists between the Fargo Vet Center and the VA Medical Center and Regional Office Center in Fargo, I want you to know that the entire administrative and medical staff of the facility has consistently provided us guidance, support and services of the highest quality. We enjoy a superb working relationship with them and strive toward a cooperative effort in providing services to veterans.

Our primary mission in the vet center program is to provide readjustment counseling to Vietnam-era veterans and their families. Of particular interest to the program is a target population of these veterans who, because of their distrust of Government and subsequent alienation, have chosen to not utilize the benefits and services of the VA and other Federal agencies.

To facilitate our outreach effort to these veterans, vet centers have located their office facilities within the community and developed community networks of referral resources.

Statistics gathered at the Fargo vet center for the period of March 1980 through June 1982 show that we have provided readjustment counseling services to 1,017 Vietnam-era veterans. This has resulted in 2,969 veteran visits and 657 family member visits for the above 28-month period.

A distribution of presenting readjustment problems rank ordered according to frequency reported by the counseling staff is found in my written statement.

The vast majority of our clients are veterans who served in-county in Vietnam. Most clients present multiple difficulties in their lives today characterized by a pattern of readjustment difficulty which began shortly after their return from Vietnam.

In approximately 15 percent of our client cases, we are able to directly relate their readjustment difficulties to traumatic experiences in combat and subsequent loss of self-esteem, feelings of abandonment and betrayal, isolation, and social withdrawal some time after their homecoming.

Many veterans who endured less traumatic experiences also seem to manifest symptomology consistent with post-traumatic stress disorder. The relative high incidence of chemical abuse among our clientele appears related to an effort to self-medicate against negative emotional feelings.

We also probably tend to attract more veterans who are abusing chemicals due to our relative success in motivating veterans to enter treatment programs and thus we have acquired a reputation in this area. The problem distribution mentioned previously is reflective of the constellation of readjustment difficulties commonly associated with post-traumatic stress disorder.

With respect to PTSD, we offer individual and group counseling. Our experience has been that group counseling is the most effective modality. A more immediate sense of relief and well-being seems to be derived by the veteran in group, however, we have recognized that continued support is needed after the group experience with additional individual aftercare and followup.

The Fargo VA Hospital alcohol treatment program, psychology service, outpatient ambulatory care unit, and psychiatric nursing staffs have been particularly instrumental in providing adjunctive therapy and care for our clientele. When necessary, we refer our clientele to specialized services in the community and provide follow-up services.

Agent orange concerns tend to be presented at the vet center more by telephone inquiry than by walk-in clientele. As reflected in our statistics, only 72 veterans have specifically requested assistance with agent orange issues while visiting the center.

Many more have telephoned our center and usually the veteran's concern is reflected by his worry for the possible effects of agent orange on his children's physical well-being. This is an emotion-laden issue which evokes fear, anxiety, and anger in Vietnam veterans. I believe the media attention given to agent orange and the lack of substantive scientific opinion create undue concern and worry within the Vietnam veteran population.

Our procedure with agent orange inquiries is to reduce anxiety and refer to the VA hospital for a history-taking and exam. Our vet center has arranged for approximately 223 agent orange exams since March 1980.

Followup efforts reveal the majority of Vietnam veterans are extremely happy with the physicians at the VA who perform these exams, however, there remain disappointment with many veterans that the exam and test results fail to make a distinction between medical problems found and their relationship to agent orange contamination. Also, veterans from outlying communities find it difficult to leave work to travel to the VA in Fargo to complete the exam.

Employment problems have been an ever-increasing concern for veterans since our program first began operating. Frequent layoffs in industry and staff reductions in the retail sector of business appear to be primary factors involved here.

We recently were fortunate to receive the services of a Disabled Veterans Outreach person 1 day per week at the vet center. This person comes to our vet center each Wednesday from the Fargo Job Service Office and thus far, he has been successful in referring many of our clients to jobs in the local area.

It is our opinion that this arrangement is working very well and we look forward to continuing this effective relationship with North Dakota Job Service.

The final issue I wish to address in educational benefits for Vietnam-era veterans. My work with veterans began in an educational setting at the University of North Dakota in 1973. At that time, there were approximately 1,000 veterans pursuing education programs on campus.

Vietnam-era veterans appeared to have high rates of dropping out or interrupting their programs for a variety of reasons. I have heard it said many times that more Vietnam veterans have used VA education benefits than veterans for any other era but that fewer Vietnam veterans have completed educational programs than did veterans from other eras.

Eight years later, I now find myself encountering those veterans who dropped out coming into the vet center. Although I have no statistics to support my hypothesis, I believe many of these veterans were experiencing severe readjustment difficulties and PTSD symptoms which precluded their completion of educational programs.

They now find themselves, typically, with a high number of months of entitlement remaining but most have passed their delimiting dates. Accordingly, many of these veterans, after counseling and therapy, are in a position to make good use of these educational benefits but have no means of developing a case to present to the VA for consideration of delimiting date extension.

In closing, I would like to state that I have enjoyed my work in the vet center program and I believe a need exists to expand the eligibility for services to all veterans who have experienced severe readjustment difficulties in their lives since returning from military duty.

Past and ongoing research seems to indicate we need to take a new look at the effects of trauma and combat and its long-term impact on human beings regardless of the era involved.

[The prepared statement of Mr. McLean appears on p. 104.]

Mr. DORGAN. Thank you, Mr. McLean. Mr. Stille?

STATEMENT OF RICHARD STILLE

Mr. STILLE. Thank you, Mr. Chairman. I appreciate the opportunity to appear before this subcommittee and provide a little insight into the operations of the veterans Outreach center in Minot.

Jim McLean has provided an excellent overview of the vet centers in our area, and I cannot really add any additional input, except that we do not have as high a number of clientele in Minot as Jim has in Fargo. We tend to receive Vietnam veterans who have primarily interpersonal relationship problems rather than primarily alcohol problems, and we provide counseling to assist them.

Mostly, however, our experience in the Minot Vet Center has been the same as Jim's in Fargo. Thank you, Mr. Chairman, if you have any questions, I will try to answer them.

Mr. DORGAN. Thank you Mr. Stille, we will be holding our questions until the panel has completed its statements. Mr. Fogel?

STATEMENT OF GLENN FOGEL

Mr. FOGEL. Thank you, Mr. Chairman, I, too, appreciate the opportunity to appear before this subcommittee and perhaps give an overview of the services provided by the Medical Administration Department of the VA Medical Center in Fargo.

Mr. Dorgan, under legislation passed by the Congress in 1981, the VA medical centers are to provide basic health-care services for a veteran's disability if it is found that the veteran, during active duty, may have been exposed in Vietnam to any toxic substance in a herbicide or defoliant.

At the Fargo Center, we will provide an evaluation to any elgibile Vietnam veteran who feels he has a disability related to agent orange. In fact, we urge all Vietnam veterans to utilize the services provided by the Fargo VAMC.

We have found that most Vietnam veterans have a distrust of VAMC's but they shouldn't. We feel that our VAMC is one of the best in the country, and we are providing service to the veterans under the provisions of existing directives.

That's all I have to add at this time Mr. Dorgan. Thank you, again, for allowing me to attend this hearing.

Mr. DORGAN. Thank you Mr. Fogel. Mr. DuCharme:

STATEMENT OF RICHARD DuCHARME

Mr. DUCHARME. Thank you, Mr. Dorgan. As Adjudication Officer for the VA medical center and regional office in Fargo, I would like to state that we have had approximately 90 claims submitted for service-connected disability compensation for agent orange related causes. At this point, only one of those has been provided service-connected compensation and that was for chloreacne. Because the scientific study to determine a link between agent orange and other disabilities has not yet been completed or determined, we cannot provide compensation for anything else.

Most of the veterans claim of dizziness, nausea, neurological difficulties, and shortness of temper with no identifiable reason. We are only provided the symptoms, and no cause. However, we do provide the veteran who claims to have such ailments with information on their right to clinical treatment under Public Law 97-72. The response to this advice has been surprisingly negative. I view this as a lack of trust of the VA medical center.

Claims for post traumatic stress syndrome have been granted in six cases. Two of these cases for World War II and Korean conflict veterans.

The problems associated with post-traumatic stress syndrome are severe mental stress and dissatisfaction in returning to society. In cases where we evaluate PTSD, we must evaluate a life threatening episode for the veteran. In most cases we have no response to the verification of this episode.

Mr. Dorgan, that is all I have to provide at this time, however, I would be pleased to answer any questions you may have.

Mr. Dorgan. Thank you Mr. DuCharme. I notice Mr. Daschle has just entered the room. I understand he had a little difficulty with the airplane between here and Rapid City. I would like to welcome him to our capitol city.

Tom, we have just heard from the first panel and are just beginning the question and answer period.

Mr. Daschle. I speak for the staff and for everyone involved in expressing our sincere apologies for being late. The hearing began in Rapid City, and we had about 20 witnesses there, and it went into this afternnon.

As I understand it, you have all provided some testimony. Do we have that recorded?

Mr. Dorgan. We have statements from the first two, and summarized the last three, so we may have some questions for this panel.

Mr. Daschle. If those of you who haven't provided written testimony could summarize in some way your statements, we can be sure that they get submitted for the record.

Mr. Dorgan. Tom, I have given a general description of what the hearing is about. With your permission, let me ask a couple of questions from the panel as you look at the statements that have been presented.

In the hearing this morning in South Dakota we talked a little about how the Vietnam-era veteran could get information about the agent orange testing that is available and the various things that have been put in place by Congress.

As I understand it, there are about 16,000 Vietnam veterans in North Dakota. Is that a ballpark figure that is pretty reliable?

Mr. McLean. I think 18,000.

Mr. Dorgan. I received a statistic today that there is about 10 percent unemployment among veterans in North Dakota? I am not sure where that statement came from. It is probably likely that the unemployment among Vietnam veterans is generally higher than that in the State in general.

But given the difficulties highlighted in a number of hearings around the county, difficulties that the Vietnam-era veterans have experienced specifically, alcoholism, drug abuse, agent orange stress, those kinds of things and given the programs that have been put in place by Congress to try and deal with them, and especially the last program calling for a testing in agent orange symptoms, what kind of outreach do we have for a Vietnam veteran who is living in Harvey, N. Dak.

How would that person get the word that there are testing capabilities available for agent orange, for example? Is there any particular informational device that is used now?

Mr. Gathman. Congressman, let me try and answer that if I may. At each of the service organizations' annual meetings, and meetings of county veteran service officers and the commissioner of veterans' affairs, this is always addressed and I can not emphasize enough the importance of making this information available and urging the veteran to come in for that exam.

We talked with Mr. Bill Stepp of the VFW today, this afternoon and we are saying, "Hey, can we make arrangements for two of us to come down together and have this exam?" Most certainly. I cannot emphasize to you or to the veterans that are in the audience today the importance of receiving this exam, so they are being placed on the register so that as results are made known on agent orange, that positive action can be taken on their behalf.

This is imparted to the county service officers, it is imparted to the service organizations and we urge them to have their friends and neighbors that may be Vietnam veterans who have been in these areas to come in for this exam.

Mr. DORGAN. How long does an agent orange exam take for a veteran who comes in your facility in the morning?

Mr. FOGEL. Congressman, there is no specific time limit set for any examination. The examination form we sent out to the individual Vietnam veteran and it is a form which gives us some history of the military experience and any conditions that they may be experiencing.

Our physicians then do the examination in discussion with the individual veteran and as far as setting up a specific time limit, it is pretty much a physician-veteran orientation that is carried on. I think physicians at this time evaluate the specific individual and determine what type of testing and/or care that individual will need.

Mr. DORGAN. Particularly to the people who are involved in the vet centers where we have had a lot of success getting veterans who have had very serious difficulties come in and at least have a first exposure to some process that gets them some help and also staying with the question of agent orange, we had a fellow testify this morning in South Dakota who talked about the exposure he had to agent orange in some detail and about his children, one of whom has a learning disability and the other of whom has some serious deformities who makes the attribution to his acquaintance with agent orange and his service in Vietnam to those problems. What experience do you have with the veterans that have agent orange concerns? What kind of things are you hearing from them?

Mr. MCLEAN. I guess, Congressman Dorgan, that the primary concern that we see are the children in veterans families. In the past, we have been successful in coordinating with genetic physicians who have been able to provide some medical counseling in that area.

I think that is probably the No. 1 concern. I have seen several Vietnam veterans who were being treated out of the VA hospital in Fargo for carcinomas that were very fearful that there was some connection between agent orange and their present medical condition.

I think our approach to that is to try to present as much technical information as we have on the medical concerns and the connection between agent orange and try to reduce some of these fears and that anxiety and try to get veterans out to the hospital for the exam.

Mr. DORGAN. It is going to be very difficult at some point, Richard, isn't it, to attribute disability in a patient that has cancer that might come from exposure to agent orange. It is going to be difficult to determine that connection unless there is a lot more work done on long-term studies which apparently are going on in the testing program as we institute it.

My guess is that it is very difficult.

Mr. DuCharme. I agree with your statement almost totally, but we do have what we feel are appropriate controls in effect at the present time. If the individual will come in for the examination and again, I will reemphasize, as Mr. Gathman has said, we encourage that at all times and publicize that to the media whenever we can.

If they will come in for the examination as the registry maintained, the evidence accumulated in the course of the conduct of that examination is provided to that registry. I believe Mr. Fogel can more properly address that.

That is in his area of expertise, and we in adjudication processing the actual claim do not maintain the registry. We will maintain the examination, documentation of evidence in the veteran's claim file.

If you don't object, Mr. Fogel could more properly address the registry procedure.

Mr. Fogel. Yes, sir, certainly. The Veterans' Administration has established an Agent Orange Registry in which the medical centers, as they do agent orange exams, send medical documentation and information into Washington so that an individual will be recognized, first of all as the possibility of exposure and also for some coordinated effort throughout the United States so that if, in fact, some place down the road, when all the studies or when some of the studies come in or some place down the road when some of the answers are found, that individual veterans can be identified and that frequencies of problems can be handled.

Mr. Daschle. Let me ask you just a couple of questions. I am interested in this series of hearings as well as a couple of other things. In passing Public Law 97-72 and other legislation last year, relating directly to the implementation of new services for Vietnam veterans, I want to find out just what the central office attitude is, what kind of a relationship you have with the central office from a perspective within the hospital and then also within the outreach center.

It is attitudinal and it is also structural in the sense that we are trying to establish here a mechanism by which service can be provided. What has the Central Office done in your perspective with regard to these new requirements? Have they been out here? Have they tried to find out what you are doing with regard to providing new service?

Mr. Gathman. If I may try and answer that, Central Office periodically conducts conferences for our physicians that do the agent orange exams, bring them up to date what the current procedures or policies are ongoing in Washington, and giving them data and tips that will better serve the veteran.

I think one of the key things that have come from such things as this is, Hey, are we doing a good followup job? Once a veteran gets in and gets an exam, do we tell him what we have found or what his symptoms are and we think we are doing a better job that way?

So they are coming out beside the normal bureaucracy of circulars and information that way.

They do hold the conferences for the people directly involved.

Mr. DASCHLE. I am not talking in general now. Specifically, has there been any followup, any direct request for the information with regard to agent orange, Outreach centers, services relating to drug abuse and counseling from the Central Office?

Mr. MCLEAN. Congressman Daschle, for the vet center we have not received any sort of contact from Central Office in that regard.

Mr. FOGEL. Congressman, I think the Agent Orange Registry is a mechanism by which the people in Washington then do get the national outlook brought to their attention. Certainly through national seminars and through environmental panels in Washington, our physicians do get directed in that line.

Mr. DASCHLE. Let me ask you one last question. Are you given any guidance with regard to the implementation of the new laws dealing with Vietnam veterans? Where does the guidance come from?

Mr. DUCHARME. As Mr. Gathman said, we received immediate notifications through the various conference calls or hotlines as we call them.

Mr. DASCHLE. On agent orange?

Mr. DUCHARME. On specific matters which are our responsibility as a result of the most recently passed legislation. As the general counsel and the appropriate technical services interpret the laws and apply them in regulatory form down to the field level, we are then informed by immediate conference call advanced copies of regulatory procedures to implement the programs as legislated.

I am very pleased with the response to that by my central office, yes, sir.

Mr. GATHMAN. And if I may just further follow up on that, yes, sir, we do have specific conference calls from them in the medical center itself from Washington related to agent orange, the most recent things and directions and our physician in charge of agent orange exams is always included and generally handles this portion of it, and I am just sorry that Dr. Spurbeck himself could not be here with us today.

I would like to just add that once we get the veteran in for the agent orange exam, we are finding that, by gosh, you know, that 42 year old, that 34-year-old's body is starting to wear a little bit, so we go the extra mile.

We do more than just the normal agent orange exam. If there is anything abnormal or needs some attention at that time, that veteran receives it that day or with a followup visit.

We go the extra mile to make sure that the Vietnam veteran is receiving his just due.

Mr. DASCHLE. Well, thank you all very much. Ralph, did you have any additional questions?

Mr. CASTEEL. I was just going to ask Mr. Gathman what specific direction have you been given to implement the amendment that was in Public Law 97-72 that gave some priority to the Vietnam veteran for treatment of agent orange disability, have they given you anything?

Mr. **Fogel**. The Chief Medical Director has instructed the administration as to new legislation in that area. Specifically, again, through publications of interemissions and that type of data, we do get that type of direction.

Mr. **Casteel**. Have you had anything specific to implement? This has been enacted since last November?

Mr. **Fogel**. I guess I could give you a form of the Chief Medical Director's letter that we received.

Mr. **Casteel**. I am familiar with the Chief Medical Director's letters, but what I am trying to find out is has he specifically given you any direction to implement this provision?

Mr. **Fogel**. I guess I would say that the direction he has given us is what we are now using and we are following that with any Vietnam veteran who comes in and feels that any condition he has a problem with is adjunct or is related to agent orange, we certainly do follow them.

Our positions evaluate the condition, and we will treat them to whatever extent we can in that specific area.

Mr. **Daschle**. Gentlemen, we thank you very much for your testimony and again, let me reiterate our very sincere apologies for the belatedness of our arrival. Thank you all very much.

The next panel of witnesses is Mr. Bob Hanson, chairman, Vietnam Veterans of North Dakota; Mr. Bill Stepp, vice commander, VFW; Charles MacLaughlin of the American Legion; and Mr. Donald Ryckman, who requested to testify. Mr. Rychman is from Linton, N. Dak.

If those four gentlemen would come forward.

We will take them as we enumerated them here on the list. Bob Hanson, if you are ready, we will take your testimony first. The complete text of your statement will be inserted into the record of this hearing.

We would hope that you can be brief, and following that, we will ask the panel questions.

STATEMENTS OF BOB HANSON, CHAIRMAN, VIETNAM VETERANS OF NORTH DAKOTA; BILL STEPP, VICE COMMANDER, VETERANS OF FOREIGN WARS; CHARLES MacLAUGHLIN, STATE SERVICE OFFICER, THE AMERICAN LEGION (REPRESENTING MILTON KANE, STATE COMMANDER); AND DONALD RYCKMAN, LINTON, N. DAK.

STATEMENT OF BOB HANSON

Mr. **Hanson**. Thank you, Mr. Chairman, and Congressman Dorgan. I am Bob Hanson, chairman of the Vietnam Veterans of North Dakota. It is indeed an honor to be asked to be here.

I would like to preface my remarks with a concern. In November 1981, our organization was asked to present testimony to the U.S. Senate Veterans' Affairs Committee, chaired by Senator Alan Simpson in Washington, D.C., regarding agent orange.

Being unable to attend in person, I submitted written testimony to that committee. All the concerns I raised in that testimony will be presented today. I say this because after nearly a year, I have yet to hear one word from Senator Simpson or his committee about the problems or concerns expressed in our testimony.

Gentlemen, I hope those of us here today are not wasting time by being here. I hope the concerns expressed here will not fall on deaf ears, but rather, will be taken back to the halls of Congress to be seriously considered by all the leaders of this Nation. I really appreciate what Congressman Dorgan said to open the meeting that this will be done.

Thank you, Congressman.

Also, in November 1981, I submitted the same testimony to the Veterans Administration Advisory Committee on Health Related Effects of Herbicides. They responded in a timely manner. Their general response to my suggestion was, "this is a matter you may want to discuss with Congress."

I had already presented the same things to the chairman of the Veterans' Affairs Committee of the Congress. I thought that was an appropriate body to express our concerns to. Apparently, the Senate committee doesn't care about testimony from the Vietnam veteran from the response we have gotten to date.

North Dakota, a rural State with a relatively small population, had 61 percent, one of the Nation's highest percentages of Vietnam veterans to Vietnam-era veterans. One of the major problems facing Vietnam veterans in North Dakota regarding agent orange is the logisitical problems associated with physicals.

The great distances between our population centers and the Veterans' Administration's hospital range from 60 to 400 miles one way. The Vietnam veteran population is pretty evenly disbursed throughout the State. This creates a major problem because the VA hospital is on the extreme eastern border of our State.

This leaves some veterans with having to travel across the entire State for a physical. I have a chart included in the comments to illustrate the point.[1] I will just illustrate with the following example:

Williston, in western North Dakota, is 380 miles from the VA center; Crosby is 385. Our Indian reservations range from about 250, 240, and so forth.

However, I want to emphasize the veterans of North Dakota are extremely fortunate to have a VA hospital and facility the caliber of that in Fargo. The dedication and professionalism of the staff and their concern for all veterans make them an example for other similar institutions to follow.

My comments regarding agent orange center around the conditions to take the physical. The Veterans Administration, Congress, and the President have failed miserably in the agent orange area. Coverups, denials, and lack of concern until about 3 years ago were the mainstay of this issue.

Suddenly, we have revelations, one after the other to the public of what our Government did to our troops in Vietnam 10 years ago.

Yet, today we are still arguing over protocol for agent orange studies. These studies are, having been decided by high-ranking officials, to be confidential and not public. While Washington argues over protocol, how to conduct a study, Vietnam veterans are dying. Deaths of which many are claimed to be linked to exposure to agent orange.

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[1] See p. 110.

Gentlemen, Vietnam veterans are concerned. They are downright scared about the results of exposure to agent orange. My first concern is that there has been an inadequate dissemination of information. There has to be a constant media campaign to get all Vietnam vets who may have been exposed to take the physicals.

I propose an extensive ongoing media blitz using radio, television and the print media alerting the Vietnam veteran of what agent orange is, where it was sprayed and/or dumped in Southeast Asia. This campaign should contain a list of the alleged symptoms associated with exposure.

It should tell the veteran how they should go about filing for a claim and/or physical, where they should go for the physical and how long before they can expect to hear any results.

The U.S. Senate Committee has not responded to this proposal. The Veterans Administration responded to this by saying they agreed the information has been inadequate, but they also state this is caused in large part because of the lack of scientific and medical knowledge of the health effects of agent orange.

Gentlemen, it didn't take our Government 10 years to conduct a study of the draft to see if we should be drafted and sent to Vietnam and what effect that might have on our health.

Why should these same veterans be forced to wait while bureaucrats argue over the protocol of studies? The results of these studies are literally a matter of life and death for these same Vietnam vets.

Next, I feel an intensive coordinated effort by all agencies on the Federal, State, and local levels needs to be made to locate veterans who served in Vietnam so the veteran can take the physical.

The U.S. Senate has not responded to this proposal. The VA said they don't think an intensive effort is necessary at this time. They say the resources they have available are scarce and could be more effectively utilized in some other way.

Third, all restrictions must be removed so that the Vietnam veteran is reimbursed for at least his mileage, if not both mileage and lodging to take the exam. We must keep foremost in our minds that it was our Government that did this to our veterans.

The very least it can do is defray the related cost of the veteran taking the exam. The U.S. Senate Committee has not responded to this proposal.

The Veterans' Administration stated they saw some merit in this proposal. However, the payment is made in accordance with Federal law and suggests that I share this with the Congress.

Fourth, no veteran should be subjected to the loss of their job for the time taken to complete an agent orange physical. Some type of Federal mandate, directive, order, or law should be issued immediately to protect the veteran in this area.

I have had several veterans contact me stating their employer would not allow them to take the time off to take the exam. These veterans were mainly from western North Dakota where jobs are scarce, salaries and cost-of-living relatively high, and people waiting in line to work.

No veteran should ever lose, or be threatened with the loss of, their job because he or she wants to take an agent orange physical.

The U.S. Senate Committee has not responded to this concern.

The VA could not believe such a thing could ever happen. They assured me they would take appropriate action if they discovered this is a significant problem nationwide. In my mind, it only takes one occurrence to make it significant.

Fifth, is the need to look at alternatives available to insure all Vietnam veterans receive the physical.

Obviously, the best and most preferable is to have them done at the VA hospitals. If we could get the veterans to the hospital with minimal financial burden on themselves, and if the veteran could be assured he would not lose his job because he took the physical, then I see no reason for my next proposal regarding alternative ways to take the physical.

However, if these simple problems cannot be overcome, then I would propose giving the VA the authority to contract out to reputable hospitals and medical facilities for the conducting of these exams.

Another would be to allow the VA to provide a mobile clinic to move about the States to give the examinations.

This would provide veterans with more convenient locations at which to take the exam, thus cutting the expenses incurred by the veteran.

These contracts should be awarded on the basis of ability, professionalism, performance, facilities, and in rural States, like North Dakota, geographic basis.

The U.S. Senate has not responded to this proposal.

The VA answered they did not have the authority to contract out and that I might want to discuss this with Congress.

The Vietnam Veterans of North Dakota strongly urge the continuation of the vet center program.

We in North Dakota are proud of the fact that our own Senator, Senator Quentin Burdick, has sponsored and co-sponsored numerous pieces of legislation for continued support and operation of the vet centers. For this we want to take this opportunity to publicly thank him.

Numerous Vietnam vets have told me they have been able to handle their problems and themselves better because of the vet center program we have in North Dakota.

This is a modern solution to the needs of Vietnam veterans. Please don't let it die. Let it exist for as long as the problems facing Vietnam veterans plague them.

The Vietnam veterans have had to suffer the burden of an unpopular war for many years. They have had to watch their Nation put on tickertape parades, lavish parties, White House receptions, and see Congress give substantial amounts of money to the Iranian hostages upon their return to the United States.

The Vietnam veteran begrudges the former hostages none of this. But there is a deep feeling of bitterness among the Vietnam veterans that the country they fought for, the country they were ready to die for, and the country so many of their comrades did die for, has treated the Vietnam veteran as a second-class person.

We are tired of this kind of treatment. Nearly 10 years after the end of this war our country has begrudgingly acknowledged the use of such toxic chemicals as agent orange in, around and on our own troops. Yet at nearly every turn of the road, the Vietnam veteran has had to fight and claw for rights, benefits and assistance which other groups appear to be handed on a silver platter.

The Vietnam veteran wants no more than to be recognized for a job well done under the most trying of circumstances. We want only to be treated for the physical and mental injuries resulting from serving our country in time of war. We want the peace of mind accompanying the knowing of what are the real consequences of having been exposed to agent orange and the other chemicals used in Vietnam.

We are tired of denials, coverups, bureaucratic bunglings, study after study, and self-serving politicians who now find it advantageous to make public statements on behalf of the Vietnam veteran. We now want immediate, positive, meaningful action by the same Government that we fought to preserve.

The public is being constantly bombarded with statements that everyone is going to have to sacrifice if this country is to survive economically and politically. To this I say the veteran of any war has sacrificed more than their fair share for all eternity.

They have already sacrificed homes, families, jobs, mental and physical portions of their minds and bodies, and in many more cases than we like to discuss, their own lives. They made these sacrifices so that we could live in a free nation. How much more of a sacrifice do these politicians want from people who were ready to give, and in some cases did give, their lives in behalf of the defense of America and the principles America stands for?

Those who advocate the reduction of veterans benefits, as meager as they already exist, are, in reality, weakening our Nation's defense. What nation can expect its youth and other citizens to rally to arms when they see the shabby and sometimes disgraceful way it treats its veterans of previous conflicts. How we treat those who have fought for us will, in my opinion, be a factor in the willingness of people to serve in the future.

I feel this Nation has failed miserably in this area as it relates to the Vietnam veteran.

I would like to take this opportunity to thank Congressman Dorgan for his continued support of veterans and Vietnam veterans in particular. He has kept us and our organization on top of the issues on a daily basis when they were in the House and he has also asked for our input. For this, Congressman Dorgan, we thank you.

Mr. Chairman, thank you for allowing us to testify today.

[The prepared statement of Mr. Hanson apears on p. 108.]

Mr. DASCHLE. Thank you, Mr. Hanson. We appreciate your testimony. It was an excellent statement, and the information you provided I think is going to be extraordinarily helpful as we try to prod the Congress and the administration in pursuing some of these issues a lot more aggressively.

Mr. Stepp, the vice commander of VFW. Let me reiterate, I may not have clearly articulated our desire here to try to keep it as brief as possible, knowing that your entire statement will be inserted in the record. We have a number of witnesses to cover, and a limited time to do it, but at this time, we will take your statement any way you see fit, Mr. Stepp.

STATEMENT OF BILL STEPP

Mr. STEPP. Thank you, Mr. Chairman and members of the committee. I am here representing Paul Aaberg, department commander, today. He could not be here, but he does express his appreciation to you for holding this hearing in North Dakota.

The North Dakota Veterans of Foreign Wars has been a longtime advocate of the Vietnam veterans in their struggle to find the truth regarding agent orange.

We have advocated treatment be given to any veteran or member of his family who feels they may be suffering from exposure to agent orange.

We have advocated that a study, independent of the VA, be done in an expedient, objective manner.

We have given, and will continue to give, our full-fledged backing to the vet center program. We believe the vet centers are providing an avenue of relief to the Vietnam veteran who may have need of the excellent services available at the centers.

We are proud of the vet centers we have in North Dakota.

We urge their funding be continued until it is shown beyond a doubt absolutely no need exists for their continuing in operation. I don't see that happening in the foreseeable future.

I have just returned from the VFW national convention where we passed a resolution supporting legislation currently before Congress which would provide compensation for a Vietnam veteran who feels he may be suffering from exposure to agent orange.

Further, I am pleased to say the national VFW supports all of the previously mentioned areas.

I want to again thank you for allowing the Veterans of Foreign Wars, Department of North Dakota, to appear and share our concerns with you.

Mr. DASCHLE. Thank you very much, Mr. Stepp, for your statement. We will have questions following the completion of the panel.

Mr. Charles MacLaughlin, State service officer for the American Legion, is with us. Mr. MacLaughlin, we will take your statement at this time.

STATEMENT OF CHARLES MacLAUGHLIN

Mr. MACLAUGHLIN. Thank you.

Mr. Chairman, members of the subcommittee, the American Legion appreciates this opportunity to present its views on medical care for Vietnam veterans.

The American Legion believes that when national priorities are established, veterans should rank second only to national defense. We believe this because veterans are the men and women who have responded to the Nation's call to defend the national interest, in the Armed Forces of the United States.

The American Legion stands for full funding for veterans programs. By this, we mean all veterans programs are viable and fulfilling the purpose for which they were intended when established.

The American Legion asks that there be no reduction in personnel in medical and research and that the committee recommends sufficient funding for the many medical programs to assure vigorous medical and research programs into the medical problems of the Vietnam veteran, including the mystery of the effects of agent orange.

In respect to agent orange, the American Legion has been in the forefront of the efforts to come to grips with the problem. There are two problems to be answered in this connection. What are the health effects of agent orange on those veterans exposed? What action must the Government take to deal properly with those effects?

At the present time, the American Legion is collecting reports of veterans in our State who have had agent orange examinations by VA physicians in order to determine whether the examinations have been satisfactory.

Also, we are checking at the VA center to determine whether the examinations are being performed in a thorough and compassionate manner. Members of the committee, I am happy to convey to you this afternoon that all responses received from veterans have been most favorable indicating they received a very thorough examination and that they were treated in a most respectable manner.

Mr. Chairman, this concludes our statement and we thank you for this opportunity to be present.

Mr. DASCHLE. Mr. MacLaughlin, we thank you for your statement and appreciate your comments.

Mr. Ryckman? Please proceed.

STATEMENT OF DONALD RYCKMAN

Mr. RYCKMAN. Good afternoon, Representative Daschle and Representative Dorgan, veterans, ladies, and gentlemen. I want to thank both Representative Daschle and Representative Dorgan for having this meeting, and I think it should go down in the State history as its first, I believe.

My name is Donald Ryckman from Linton, N. Dak. I enlisted in the Navy in 1945, I guess it was, and I was rejected because I was a Canadian. Maybe this is being held over my head, I don't know. I am a World War II disabled veteran who needed assistance and did not always get it.

I first became aware of this in 1961, but it was not until 1978 that I found out how unfair VA claims are handled. I became permanently disabled of rheumatic heart disease because of their negligence.

While in the U.S. Army in 1945 and 1946, I was hospitalized three times in Germany because of swelling knees, hands, infection, tonsilitis, high pulse rate, and fever. I was treated with penicillin, quinine, sodium solicilite. I was told that I had arthritis. On the day of discharge, the doctor assigned me a claim number 9054139, and told me I would be needing it.

He was right. After discharge, illness continued, and I was in and out of the hospital. I had a heart attack at the age of 28. In 1961, Dr. Allahverdi, at the VA hospital in Fargo diagnosed my illness as active rheumatic fever. The pieces began to fit together. The illness and the treatment was all similar to what I had had in the service, but at that time, I was not allowed to see my medical record.

After 30 days, I was sent home. Dr. Allahverdi advised me to quit working and apply for service-connected disability, which I did. It was denied and so was the appeal. This took about 2 years. I have been hospitalized about 20 times, had six surgeries and spent months in bed and at home.

In 1977, open heart surgery in Rochester, Minn. was unsuccessful, and I have since been permanently disabled. In 1978, after learning of the Freedom of Information Act, I wrote for my medical records. I received some and one copy clearly states clinical diagnosis, rheumatic fever.

I also received a copy of prior to discharge release, but only the front side, and because of these copies and several others and essentially because of my disability, I applied again for compensation at that time.

I felt confident that it would go through. Instead, the VA would not even allow me to apply, and only with the assistance of former Senator Milton Young was I able to appeal.

I received another denial with a lot of twisted words. Some of the statements were later retracted, but that did not help me. In 1980, with the help of Greg Seuer of the Disabled American Veterans, I was granted a hearing. I tried to explain the facts, but they would allow only new evidence to base decisions on and that is how they defend themselves. Law: Final disallowance of an earlier claim does not preclude the claimant from filing a new application with the agency of original jurisdiction. However, the prior determination will not be subject to revision on the same factual basis. 38 CFR, 3.104(a) 19.153.

In my opinion, Dr. Pearson at the hearing said just what the VA wanted to hear. Also, the VA will not accept any other doctor's statements. They say they are only opinions. They do not even acknowledge Dr. Allahverdi's statements and he was a former VA doctor at Fargo. I hired Norman E. Mark Reporting Service from Fargo and I agreed to pay $200 so that I could have a transcript, word-for-word.

That was a mistake. I should have purchased a tape recorder instead. I also requested and received a transcript from the VA. In it Dr. Pearson had retracted some of his medical opinions and as a result, it is my opinion, that that is why the court reporter service refused to give me a transcript typed from their own records.

Later, with the assistance of Representative Dorgan, I received more medical records from alternate sources. One new one of special interest was the back side of the prior-to-discharge release report of review board note No. 5. "In our opinion, the defect, wound, injury, or disease was incurred in the line of duty in the military service of the U.S." The answer is yes. It was signed by two military doctors. It was another missing link, especially because of a new record, I again applied for compensation. The Adjudication Office, R. D. DuCharme's letter, dated 1981, states, "The record you describe as new are really not complete or new. The service medical records contain the complete report of physical examination prior to discharge, note No. 5. In our opinion, the defect, wound, injury, or disease incurred in the line of duty in the military service, this is a printed item on a basic form. He disregards that it is new evidence and that the answer is yes, and that there are two medical officers signatures on it.

So, you see how badly we need different people at the VA in Fargo to process claims fairly. I maintain I have not been treated fairly because I was not told that I had rheumatic fever while I was in the service.

Then, without proper treatment it eventually caused rheumatic heart disease causing permanent disability and yet the VA continues to refuse me service-connected-disability compensation. I have copies of all these facts. They are open to anyone interested in seeing them. Again and again, these laws are quoted, pertinent laws, regulations, rating schedule provisions: Service connection may be granted for disability resulting from disease or injury incurred in or aggravated by the military service, 38 U.S.C. 310 and 331.

When the reasonable doubt arises regarding the service origin, the degree of disability or any other point, such doubt will be resolved in the favor of the claiment. A reasonable doubt means a substantial doubt and one within the range of probability as distinguished from the speculation or remote possibility—38 CFR 3102. Are they just a bunch of words to impress our young Americans?

Now, I have some medical records here, I would like to go through and show you some of the discriminations.

Mr. DASCHLE. Well, Don, what I would like to do, I appreciate your excellent statement in regard to the problem you are facing here. We have come across a couple of incidents like this already today earlier in South Dakota, and I have prevailed on the generosity and the willingness of our expert counsel, Ralph Casteel on my right, to pursue some of these issues as a committee matter of business.

He has agreed to do that. He will take your information and take all of the pertinent data, especially your phone number and your address and pursue this on a committee staff level.

I think that is the very highest service we can provide you in terms of overcoming some of the obstacles that you have outlined in your testimony. And so, if you will allow us to do that, we will proceed to see if we can resolve your case satisfactorily.

Mr. RYCKMAN. I would like to do this, but this stuff that is in here the public never knows and hears about. But I have a few pages here I am really concerned about.

Mr. DASCHLE. I will tell you what. We are running a little short. I am trying to keep every witness to 5 minutes, and the 5 minutes have already expired.

Mr. RYCKMAN. I will say a few words. and then I will quit.

I have got electrocardiograms on here stamped received at the Veterans' Administration in 1978, and that is 32 years after my discharge from the service and the Veterans' Administration says 1 year is the time limit for a claim number.

I have got papers in here with stamp dates on it that state 1948 and 1949, and I was discharged in 1946 from the military service, and those guys twist that stuff around so bad that it is just unreal, and the public does not know anything about it.

Mr. **Daschle**. Well, we want to hear about it. If you can turn that over to us or turn copies over to us.

Mr. **Ryckman**. You have a copy there.[1]

Mr. **Daschle**. We will take it to Washington with us.

Mr. **Dorgan**. Don, we will also ask Mr. Casteel, the legal counsel for the committee, to look into the question here of covering up records and accessibility because you are raising some questions here that I think are important policy questions.

Is a serviceman entitled to get the truth? The copies of records, are you entitled to get the fair consideration or not and you are alleging that you have been led around the path here.

Mr. **Ryckman**. Six years I have been at this.

Mr. **Dorgan**. We will ask Mr. Casteel to specifically look at that in addition to your specific case.

Mr. **Ryckman**. Another thing is that my records are at the War Department, the Veterans' Administration in Fargo, St. Louis, Mo., and Denver, Colo.; and the laws state in here that any time you come with a new one, you cannot reopen it on an old factual basis.

Mr. **Dorgan**. We will pledge to you that Mr. Casteel will give it a fair review at the committee level and we appreciate your giving us a complete copy of the records.

Mr. **Ryckman**. I thank you gentleman for letting me speak.

Mr. **Daschle**. I wanted to pursue the line of questioning, if I could, with Bob Hanson. You, very articulately I think, outlined the frustration expressed by so many veterans about the inaction that appears in Washington so frequently with regard to Vietnam veterans' issues. I think that we faced the problem for 10 years in terms of getting the people in Washington first to understand there is a problem out there and second, outlining a program by which that problem could be dealt with, and then insuring that the people who are designed to benefit from the program actually do benefit.

What I am wondering is where in that progression of actions we really are. I think we have clearly now articulated a problem that people understand in Washington as far as the need.

We have also, to a certain extent, obtained a series of accomplishments with regard to legislation setting up programs. We have Outreach centers now. We have an agent orange program now. We have drug abuse and counseling now. We have readjustment counseling for job training. The question is now, it seems to me, at that third stage whether or not those who are supposed to be benefiting from those programs are truly benefiting.

From the testimony you have given this committee this afternoon, I would have to say emphatically that you are telling us no.

Mr. **Hanson**. Congressman Daschle, and Congressman Dorgan, it is very frustrating to sit here, and I don't mean here today but as a Vietnam veteran, and try to work through the very things that you are saying. Right here is the hearing results of the Senate Veterans' Affairs Committee that we submitted our testimony on.

They were still acting on protocol. I think later on today, you will hear that there has been a study in North Dakota, but it stopped because of money. I think that is one of the major problems we have is proper funding. I don't think the Vietnam veteran is fully aware of the potential problems associated with agent orange and I don't know where the problem lies.

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[1] Retained in committee files.

I think perhaps by the combination of what I propose today, you can't just put on some public service announcements for 6 months and hope to inform the literally hundreds of thousands of Vietnam veterans about the potential problems.

I think when we look at the maps that have been given to us by the Government and I would hope they are right, agent orange was either sprayed or dumped in nearly every portion of the country when we were there.

I don't know exactly where we are as far as the committee setting the actual study up. I do know that we are totally lacking in getting out to the Vietnam veteran and also for the Vietnam veteran to take us seriously in a lot of cases.

They don't think, and perhaps I am stepping on some toes, but they have been stepped on so much as being a Vietnam veteran they are almost ashamed to say that. And if they should at any time reveal that they may be considered a potential victim, either agent orange or delayed stress, it is not manly and I think we have to try somehow, and I think the vet centers do an excellent job at least here in North Dakota.

I can't speak highly enough of the two vet centers we have. They meet with the vets on their level and they are explaining the problems that we have with agent orange and the other things that are associated with our service in Vietnam.

It comes down to a basic problem, I think, of proper funding to get the information out and get the Vietnam veteran to really accept them. There is a credibility gap, too.

Mr. DASCHLE. You should notice that we are responding in that regard, funding that is, by concluding nearly $5 million, $4.7 million for the research that needs to go into agent orange. It is overdue and it still may be a dollar short and a dollar late, but in any case, it is a beginning that we would never have hoped to receive a couple of years ago.

We can't wait to begin, I think as you stated to treat these Vietnam veterans until all the information is in and so that is why just almost as simultaneously as the studies are underway we need to begin a series of treatments and programs for establishing credibility for these veterans that for 10 years has gone without any kind of support from the Veterans' Administration or the Congress.

Would you say that in spite of what you are telling us this afternoon that minute as it may be, progress in your opinion is being made or would you say that we have not come anywhere at all in the last 2 or 3 years?

Mr. HANSON. Progress has been made at least, I think, just by the pure revelation that there was agent orange spraying. I think that is a tremendous step forward. And the establishment of vet centers, I don't think we have nearly enough to handle the veterans. This is a rural State. Obviously, the problems that I propose today are pointed out, are not going to be the same as in an urban State.

We have come a long way. We have got a heck of a lot further to go and we are just moving that way, and I guess when you hear the horror stories of Vietnam veterans dying of cancer at a very young age, birth defects, or everything else that has been allegedly linked to agent orange, more than anything else that I have come across in the Vietnam veterans is the concern of peace of mind.

Is it because—my own little girl has a rash that we can't explain—the doctors can't explain. I had no idea what agent orange was until 1980. My mind got to wondering, is it because of my service in Vietnam? I have talked to people numerous times even today, birth defects in children, learning disabilities because of their fathers' service in Vietnam, in areas sprayed by agent orange.

Nobody can tell us. And until we can know, and I am not sure even then if it can be accepted. That is one of the most frustrating and the most fearful things in the veterans' minds that I have come across. They are not looking for a lot of money as compensation. They are looking for peace of mind and I think we have come a long way, although again it is very hard on the Veterans' Administration.

Mr. DASCHLE. Well, I certainly thank you, Bob. You know, there is a lot of reason for the progress we have made, and some of you have touched on it, and one of those reasons is why we are here this afternoon. We have to keep hitting the people in Washington over the head with a brick or a bat or something to keep their attention focused on these issues. Your Congressman, Byron Dorgan, has asked the committee to come out here and I think as you say, Don, it may be the very first time the Veterans' Committee has come into North Dakota. If it is not the first time it is one of the first times, but you have a message here, and it is to your Congressman's credit that the committee is here this afternoon hearing from you and not from somebody in Los Angeles or Texas or New York.

One of the reason he is on the Veterans' Committee is due to his concern about veterans and the concerns that they have. So partly the reason why we are making progress is the tremendous contribution that your own congressional delegation, especially your member on the House Veterans' Affairs Committee, Byron Dorgan, has provided us. His direction and input has been invaluable. He cannot say that, but as a Vietnam veteran, as the chairman of the Vietnam Veterans in Congress, and as a member of the committee who works with him, I can say that very well.

I want to thank all of you for your testimony.

Byron, did you have any comments?

Mr. DORGAN. Well, just a comment, Tom. The progress that has been made on raising questions that are related to issues like agent orange is progress that has come very slowly, it is true. It is a fact that the Defense Department just did not want to talk about that subject for a long time. It is a fact that the Veterans' Administration really did not want to acknowledge the existence of a possible connection between birth defects, cancer, nervous disorders, and agent orange, and we do not know at this point what the connection is. But it is interesting that the atomic tests that were conducted by this country 30 years ago, now we are discovering that there are a lot of graves that are not marked these days that probably are there because of cancer caused by those atomic tests. Ten years after those tests no one suggested that. Twenty years after the tests no one suggested it. Now there is talk of the cause-and-effect relationship.

It is important for the sake of veterans, for people that served the country in the Vietnam war and who came in contact with agent orange, for us to move very quickly to find out what is the relationship between agent orange and a series of disorders that some people allege is related directly to agent orange. If there is that relationship and there is some substantial evidence that those relationships exist, we owe the veteran speedy medical help in whatever way we can provide it, and medical attention with priority.

I think that we have that now, the Veterans' Administration and certainly our local people here in North Dakota are cooperating. We have got their attention and we are making some progress but it has not been easy. Tom is the author of the bill in Congress that has moved us this far. People like you, Bob, and many others in the service organizations who have been helpful in asking the questions, you have to ask a lot of questions before you start getting the right answers, and we really appreciate your testimony.

Mr. DASCHLE. Let me ask before they leave, Bill Stepp and Charles MacLaughlin, especially, we often tend to try to put all of the responsibility on the back of Government for Outreach and for trying to seek out those people who could use help. Have the North Dakota VFW and American Legion organizations orchestrated any kind of an Outreach effort to seek out people that may need assistance of some kind, and what is it that you are doing to provide service in that regard?

Mr. MACLAUGHLIN. Well, the American Legion has done a considerable amount in this effort to locate Vietnam veterans who need assistance. We put it in our publications. We go out in meetings at our local posts. We have bulletins from our State headquarters. Our adjutant puts a bulletin out every couple of months. We try to reach all veterans in the State. I feel that the veterans in North Dakota are well aware of the benefits they are entitled to, and I might add this as a veteran service officer, any time a veteran seeks medical assistance and they really need it, the Veterans' Administration never turns them down.

I get involved directly with veterans who require hospitalization. I make the initial contact and tell veterans about getting on discharge and so forth, and we have never had any Vietnam veteran turned down. The VA has done everything that they can to assist the veteran.

The problem that I see in this agent orange is that we perhaps have to have an independent medical opinion as to what agent orange really does to a person, like UCLA or some of these big medical centers. They have got to come up with some of these answers. The quicker they come up with an answer, the quicker the VA can respond, the quicker claims can be worked, and that is my judgment on the subject.

Mr. DASCHLE. Charles, I agree with you. The frustration that I have is that independent studies in Europe and in this country have been done, but our Government in Washington is reluctant to accept their data. They say, well, those are great studies, but until we do one of our own, we just are not willing to accept the information. They have shown direct links of the hazards of the dioxin, and I could not agree with you more. If we need another conjunctive study, so be it, but as you say we have got to get on with it, and the sooner the better.

Bill, did you have any additional comment? What is the VFW doing in North Dakota for outreach?

Mr. STEPPE. We take it to all our post, district, and State meetings. Unfortunately we do not have a State publication, as the Legion does. Also at the national level, every member of the organization is mailed a monthly national magazine, and very seldom do I ever pick that magazine up when it does not have some caption regarding agent orange and contact your VA representative for a physical.

My real concern on this, and I have been in the category I guess myself. I was over there twice, and I still have not had the physical. I was in the service long enough that I guess I want to wait until I am sick before I go into something.

I was seriously talking with another retired serviceman today who is in the same category, and I did talk with the hospital representatives today, and we are going to make a joint appointment and get down there and get a physical. But how many people are in this same category? And I do think back to the atomic testing and the people who came up with leukemia and cancer and various other things. Do we want to let this linger and study until it has died of a natural cause, all of us pass away and then we no longer have a requirement for a claim? I urge anything that can get a speedy answer to this question.

Mr. DASCHLE. Well, Bill and Bob and Charles and Don, we are very pleased to have your testimony this afternoon. With Members of Congress in North Dakota like Byron Dorgan, you can be sure that the commitment is there and we are going to follow through just as strongly, aggressively, as we know how to do.

Thank you very much.

Mr. HANSON. I thank you.

Mr. DASCHLE. Our next panel is comprised of Jim Savageau, West Central Human Services Center, Dave Roberts, veterans service director, University of North Dakota, and Mr. Dean Peterson, Blinded Veterans of North Dakota.

If those three gentlemen would come forward, we will take their testimony at this time.

As I understand it, Mr. Peterson may not be here at the time. Gentlemen, we are honored to have you before the committee this afternoon. If Mr. Savageau would like to begin, we will take your testimony first.

STATEMENTS OF JIM SAVAGEAU, WEST CENTRAL HUMAN SERVICES CENTER; DAVE ROBERTS, VETERANS SERVICE DIRECTOR, UNIVERSITY OF NORTH DAKOTA; AND TOM WILLARD, CRIMINAL JUSTICE MAJOR, UNIVERSITY OF NORTH DAKOTA

Mr. SAVAGEAU. Mr. Chairman, I talked with Dave briefly prior to this testimony, and he would like to start.

Mr. DASCHLE. Fine.

Go ahead, Dave.

STATEMENT OF DAVE ROBERTS

Mr. ROBERTS. Thank you, Congressman Dorgan and Congressman Daschle, for allowing me this time to participate. I would like to make two statements before I begin. One is that I have never experienced any problems with the local Veterans' Administration as far as agent orange is concerned or educational benefits or anything else of that nature. The other statement that I have to make before I read this article is that I am not a geneticist, I am not a biology professor, but this report comes out of the University of North Dakota Biology Department, and I would like to share it with the group and with the committee.

This was printed in the Journal of Heredity, 1982 May and June.

> 2,4-D induced clastogenicity and elevated rates of sister chromatic exchanges in cultured human lymphocytes.
>
> Because of the potential for genetic damage, concerted efforts to carefully test and restrict the use of such compounds as 2,4-D is desirable and timely. 2,4-D is one of the most widely used herbicides and consequently it is present (0.001 mg to 0.004 mg) in dietary oils, fats and sugar products. In a U.S. geological survey monitoring streams in the western United States from 1966–68, 2,4-D was to be the most frequently occurring herbicide. Our results indicate statistically significant increases in sister chromatoid exchange rates at 10 microgram per milliliter or higher concentrations. The chromosome damage reported here are conservative estimates since the data were taken after 48–52 hours of treatment by which time severely affected cells may not have survived. Even though a statistically significant increase in damage to genetic material occurs at relatively high dosages, the results clearly suggest caution from indiscriminate use of 2,4-D and indicate the need for further investigation, particularly on the consequences of long-term low-dosage exposure (such as to the nervous system).

What I would like to do is follow up and indicate that Dr. Jalal, who was the author of the research design and report, is ready and capable to do further research on dioxin. He has the machines that are needed. We have the subjects. We have everything we need except the money, and I am calling for possibly the American public and possibly the Veterans' Administration and the Congress and the Senate to assist us in this matter. It would greatly be appreciated. The point is, gentlemen, it is right here, it is in place. There is no hesitation. All we need is money. That is the economic situation that we are in, of course.

Mr. DASCHLE. Well, Dave, I will do a couple of things. First of all I would like, unless you have an objection, to insert the entire article that you have read from into the hearing record.

[The article appears on p. 122.]

Mr. DASCHLE. The second thing I would like you to do is to direct a letter to the Veterans' Administration indicating this resource, indicating the author's willingness to proceed in any way with the VA in their research on dioxin. And if you could wait after the hearing, perhaps we could get some additional information and proceed in that way.

Mr. ROBERTS. Surely.

Mr. DASCHLE. Jim, if you wish to proceed at this time, we will take your testimony.

STATEMENT OF JIM SAVAGEAU

Mr. SAVAGEAU. I appreciate the opportunity to testify. I also thank Bob Hanson for contacting me. I did not have time to prepare a statement. I do have a written statement that I would like to read.

My current position is that of a master addiction counselor working at the human services center in Bismarck. I think you need to know a little background of my own involvement in Vietnam and up to the present time, so I would like to talk a little bit about that and the feelings that I experienced during this involvement.

Back in 1966 I joined the U.S. Marine Corps, and I joined it basically because I felt that there was a need to do something that I felt was necessary for our country. In January of 1968 I was on leave in Fargo, 30 days' leave, and I was watching a group of marines, as most of us were in those days, I was watching a group of marines leaving El Toro. I look back at that now and I thought it was kind of strange, a whole division or battalion was leaving. No flags or no colors were indicated. The President was saying goodbye to them. I returned from my 30 days' leave to Camp Pendleton and found that the 27th Marines, the battalion that I was with, had mounted out and left. It was kind of a lonely feeling, all of the guys that I had been involved with for the past 2 years were in Vietnam, and I was given an opportunity to stay in the States or spend my next 13 months in Vietnam. I felt an obligation to leave. I secured orders for Vietnam, went back home for another 30 days, and came back to California and went through advanced infantry training and headed on to Vietnam.

We had a pit stop in Hawaii so we got to see the island extensively through the window. We stopped in Okinawa, a staging battalion for 3 days. We processed some of our gear, and I can remember vividly taking my seabag into this warehouse, and there was this area that had a date on it and it was a rotation date, and I remember laying my seabag down and thinking, well, I hope I can come back and pick up this seabag at that rotation date.

I remember landing in Vietnam or the trip over. The numbing realization started slipping into my consciousness that this was the final act in the play that possibly had begun for me 22 years previously. It was a short flight to Vietnam with the other men finding peace within themselves. It was a quite ride, an isolated ride, each of us with our own thoughts. The future held inexperienced unknowns, and I was scared to death when I got off that plane in Danang.

I remember walking from the plane and seeing a number of men waiting, the same flight that we had just disembarked. They were ready to jump on it and head to civilization. I remember some of the remarks as I passed them, "Sorry about that," "You'll be sorry," "New meat," and stuff like that. It brought home without question the reality of the situation that I was getting myself into. I recall being a hawk in my initial experiences, but soon realized the futility of this and very quickly transformed into a dove. I basically wanted to leave the pit that I titled Vietnam and return to North Dakota, where I could forget the 13-month nightmare.

Time did pass and my rotation day did come, and I was then in the returning line awaiting the freedom bird. I remember the faces of the new men coming off the plane, and I felt sorry for what they may be in for. We flew out of Danang, and this was a very peaceful flight with a large number of men sleeping. Possibly for many of them it was the first time they had slept in the past 30 days. You see the worriest part of everyone's tour in Vietnam was the first 30 days you got there and the last 30 days when you were getting ready to leave. Worrying about making it through the last final days included a lot of sleepless nights. We flew into Okinawa and spent 2 or 3 days there processing, and one of the most significant remembrances was going back to the same warehouse where I had placed my duffelbag and looking at a number of bags that had not been claimed and wondering what happened to the men that were to pick these bags up. That was a basic concern for me then.

We flew out of Okinawa and into El Toro Marine Base in California. We landed. The plane exploded with happiness. Everyone was ecstatic about being back in the world. But this was short-lived when we disembarked. It was night. It was dark, probably midnight. I do not remember any welcoming committee. I do not remember any bright banners. I remember thinking to myself, "Welcome home, Jim." I learned quickly that civilians kept their eyes on you and made a wide path as you walked down a corridor to embark on the last leg of my trip to North Dakota.

I felt proud of my uniform and proud and happy that I was still alive and in one piece, and I certainly recognized the uncomfortableness others felt when I passed by them. I took off my uniform as rapidly as possible and assimilated into the population. I found that there were less hassles and hazards for me in doing that.

I was fortunate in my return. I had a fiancee who waited for me the 13 months when I was in Vietnam, and she later became my spouse. I was able to relate some of the experiences and feelings that I experienced while serving in Vietnam and was able to deal with it fairly effectively in that respect. I later began college at NDSU, completed undergraduate work in 1974, and started working on some academic credits toward a master's degree.

Like I said, I am currently employed as a master addiction counselor at the human services center in Bismarck. Around December 1980, I was given an opportunity to attend posttraumatic stress disorder workshops at Fargo, and basically become a referral source for Vietnam vets in the Bismarck area.

I requested an objective therapist in planning and implementing this program, and I succeeded in obtaining a gentleman by the name of Bart Falgren. He is an MSW, also World War II vet. I needed that person because I felt that I would get sucked into some of the things that were going on with the Vietnam vets and I needed someone to pull me out. What I found is that in a lot of instances I had to pull him out, because he gets very involved in terms of what is going on with our vets.

The problems that the Vietnam vet has are the same problems that most people face. They are not any different. They are not any more severe, as I see it. There are job problems, financial problems, authority difficulties, communication problems, alcohol and drugs, lack of close relationships.

I felt very fortunate to be involved with the Vietnam vets for the past 8 months. I think we have got a close network for developing that within our community here in Bismarck. There is a significant need, however, to expand services within the Bismarck/Mandan area. This would include a network of services to service providers. This has started with the help of the vet centers in Fargo. They have been very instrumental in planning, along with the mental health services here in Bismarck. I foresee a strong network in this area based on the motivation of the people currently involved, and encourage that this continues throughout the State. I see a significant need for vet centers around the State of North Dakota, and I think it is ridiculous that we have only two. We have eight major cities in the State of North Dakota, Williston, Dickinson, Minot, Bismarck, Devils Lake, Jamestown, Grand Forks, and Fargo, that could use the facilities.

I appreciate this opportunity to speak.

Mr. DASCHLE. Jim, we sure appreciate your testimony. Sometimes personal experiences and the relationship that you can make as one who has experienced all of this is most helpful to the committee. You certainly contributed very eloquently to our testimony this afternoon.

I do not know the person to your left, but perhaps he could introduce himself. Did you have a comment that you wished to make before the committee?

STATEMENT OF TOM WILLARD

Mr. WILLARD. Mr. Chairman, members of the committee, my name is Tom Willard. I am a criminal justice major at the University of North Dakota starting law school there next year. I am also a Vietnam combat veteran and disabled veteran.

I served in Vietnam in 1965 in a parachute regiment of a parachute division. What I would like to do for a moment is take somewhat of a departure from some of the things that we have discussed today. I would like to take issue with the complexion that seems to have been internationalized throughout the country and the world with the image of the Vietnam soldier. Invariably, whenever the Vietnam soldier is mentioned, the first words uttered are usually or any description is preceded or followed by drug abuser, alcoholic, this sort of thing. Well, I think that what we have here when we consider drug abusers and alcoholic Vietnam veterans is we have the exception, not the rule. However, more often than not, it is applied as the rule.

I am a proud American and I do not consider what I did in Vietnam to be dishonorable. It was horrible, but the strength that a man acquires over the years can carry him through that sort of thing. The love of family that he has can carry him through.

The Veterans' Administration has been more than wonderful to me. They have offered me an education and economic and financial assistance that has allowed me to live in dignity until I can get to the point where I can take care of myself. I did have my journey through the hard darkness for 10 years or more, and it was not easy, but it was possible, and there are so many Vietnam veterans that are doing it every day. They are everywhere. We seem to be perceived as baby-burners and this and that when we were nothing but responsible children. I was a child. I was 18 years old.

The issue of agent orange is a very volatile issue, but it is one that must be broached. I know it has far-reaching implications that possibly can set off an economic Pandora's box. We have to be logical. We have to act with reason, but we have to also act with the same kind of conviction that we acted with when we were under fire. We have looked down the rifle barrel at the enemy, both ends of that rifle barrel, his and ours. We carried through because we knew we could do it. It was all worthwhile so we could make it back home.

The clamor that seems to be ringing throughout the Nation is that the Vietnam veterans are a bunch of crybabies and whiners and so forth. Maybe I have gotten a little emotional here. I do not apologize for it. Normally I am rather coldblooded, according to my wife. But when it comes to men who have served honorably, and they did and I did, we are going to be the leaders going into the end of the century and into the turn of the next and most exciting century man has ever seen. We have the example of Mr. Daschle here. We are going to lead this country and by any means necessary, by the same means that we led ourselves out of it we are going to lead this country, and you do not have any choice about it because we want to.

Thank you.

Mr. DASCHLE. Tom, I want to tell you that if I had to sit here for 8 hours and hear nothing but figures and facts and stuff the whole 8 hours it would have been worth it just to hear what you just told us. That is what we are here for is to learn, to rededicate ourselves to what you have just described, and certainly you have done it as eloquently as I have ever heard, and you have provided the committee with a service and with a vision that I think only comes from someone like yourself. We are very, very appreciative of that.

Mr. WILLARD. Thank you.

Mr. DASCHLE. To the panel my sincere thanks.

Mr. Dorgan?

Mr. DORGAN. I echo what Tom said. We sat through 3 or 4 hours of hearings in South Dakota this morning and here this afternoon, and your statement particularly was on the mark, but also very moving, and I think that we try and look at these things in Washington when we have committee hearings from an analytical standpoint because you are dealing with numbers. You talk about the number of veterans and the number of problems and the number of vet centers required to handle them and the number of this and that, but what is important to understand is that the numbers represent experiences and people, as you said, people who will lead this country tomorrow.

One of the things I wanted to comment on also is that someone in South Dakota today mentioned that last week he tuned in two TV programs in which the Vietnam veteran was described as some lunatic who was on the loose someplace drugged up or boozed up. I saw the other evening a commercial for a new movie that will be released within 10 or 20 days they said. I forget the title, but I think it is Sylvester Stallone's new movie about a Vietnam veteran that comes in and takes on the entire town and hides in the woods.

That kind of stereotype I think ill behooves the kind of attitude we ought to have toward Vietnam veterans who served this country. So I just want to echo my appreciation for some very, very fine testimony.

Thank you very much.

Mr. SAVAGEAU. Thank you.

Mr. DASCHLE. Our final panel is comprised of three people: Mr. Ed Fibiger, Mr. Tony Beckler, and Mrs. Colleen Bullinger. If those three people would come forward, we will take your testimony at this time.

If you have no objections, we will proceed in the way in which I have asked the panel to come forward.

To the three of you, we are delighted to have you. We hope that your waiting this afternoon, your persistence will pay off, and we are anxious to hear what you have to say. So, Ed, why don't you proceed?

STATEMENTS OF ED FIBIGER, TONY BECKLER, COLLEEN BULLINGER, MANDAN, N. DAK.

Mr. FIBIGER. My name is Ed Fibiger. Like the other gentleman, I am a disabled veteran from Linton N. Dak., about an hour's drive south of here. My concerns are less personal, I think, and probably deal more with the operations of the Veterans' Administration.

I am concerned particularly about the problems that accrue after one manages to navigate the Byzantine labyrinth of the Veterans' Administration to get his claim approved; that is, I think that particularly causes difficulty for us in seeking treatment here in North Dakota.

Like most other veterans I have the usual veterans priority service-connected treatment cards; but printing up cards and putting "priority treatment" on them doesn't mean that we get priority treatment in a VA facility. For me priority treatment means a 3½-hour drive one way in to the hospital. When I get there I sit for about another 1½ or 2 hours in a waiting room with about 50 to 70 other warm odiferous bodies waiting to get to a specialized department.

Usually we get moved out to some chairs in the hallway at some department, and eventually find a physician. That brings to mind another concern, and the concern of most veterans I know, and that is quality of physicians in a VA facility, even in Fargo. I worry about being treated by a geriatric physician. By that I don't mean a physician who specializes in geriatrics. The VA has had a long-time practice of employing retired military personnel and civilian doctors who have no longer been comfortable with private practice, putting them on staffs of VA hospitals. I don't think that has been to the advantage of veterans.

In addition to that, the VA has attempted, I think, to keep its physician costs down by putting on residents and interns, which is very useful for the residents and interns, but I am not sure how that affects the quality of the treatment for the veteran. I don't know about you, but I would rather not have very important diagnoses being made by somebody who is only learning to practice on my body. I understand the necessity for residents and interns to train, but one has to be very, very careful that they are closely supervised and there isn't an excessive number of these people in a single facility.

After one sees a physician, of course, he rides the other 3½ hours home. Some call that priority treatment. In contrast, I have here a simple Blue Cross-Blue Shield card. I have Blue Cross-Blue Shield; I take it and use it for treatment rather than VA treatment because I can walk three blocks up the street to the doctor's office or the hospital and I can be treated on the spot. The longest waiting time I have ever had in the Bismarck area has been about 25 minutes, in contrast to lengthy delays at the VA hospital.

If I have to have hospital treatment, I can walk into the hospital, spend 3 minutes at the desk. They punch it out on a terminal. I am admitted and sent directly up to my room. I can be in bed in 15 minutes. I know of no such speedy service at any VA facilities in which I have ever been treated, and I have been treated in facilities in Indianapolis, Denver, Grand Junction, Colorado, and Florida once.

The five representatives of the Fargo VA here today talked about priority care. To my mind it is a sham when it is compared with the kind of services provided by private organizations. I know it might be heresy to say this, particularly to a committee like yours, but I think more thought ought to be paid to getting medical services to veterans through private physicians, through civilian hospitals.

I don't know how often you hear people talk to you about it, but I certainly know veterans like myself discuss it among ourselves. In my own case, for example, I totaled it up, and it actually would cost me less to pay my Blue Cross premium than it would cost me the money I would lose to leave my job and travel back and forth to Fargo for treatment. That makes no sense to me. I don't see how that affords me priority treatment to which I thought I was legally entitled.

In addition to that, the VA manages to generate some of the most incredible paperwork. It reminds me of a computer course I took in which they taught us "the loop." You get something going in a circle and it never ends. You never get anything out. It just stays there. If we get a preauthorized treatment with our preauthorized treatment cards—that is these little cards, we have got a lot of cards in VA—we can go to a private physician up to a certain amount of money. The only problem is that the private physician has one hell of a time getting the money out of the VA.

One example that comes to mind, only because it is fairly recent, is a case in which there was a $23 claim for, I believe, a respiratory disorder. It took nine phone calls, two letters, three visits to the insurance desk at the vendor, one administrative conference, and 4 months to get that bill paid. That was through our Fargo office. That is not uncommon. It has reached the point where doctors here are often recalcitrant, and they are vocal about it; they are reluctant to accept VA patients, not because we are poor patients or whatever, but they don't know if they are going to be paid in 1982 or 1986. That makes it pretty tough on us.

I think veterans prefer programs that would provide health care insurance for us through which we could find our own physicians and go to a regular hospital and do away with, or bypass the VA "priority treatment." I would rather have priority treatment like going to my hospital and in 15 minutes being in the hospital bed, rather than going to Fargo and sitting around rotting all day.

I would address that to those people who want desperately to get a claim established. I would say to you that once your claim is established your problems are just beginning. Don't think that is the end of your difficulty, and this problem is not unique to Fargo. That is all I have to say. I am sorry it was negative but it is a fact.

Mr. **Daschle**. Thank you. It isn't unique. Comments and reports such as you describe unfortunately are more common than we would like to see. Obviously one of the purposes of these hearings is to find out specifically where the problems lie so that we may be able to move ahead legislatively.

Tony, if you wish to proceed we will take your testimony at this time.

STATEMENT OF TONY BECKLER

Mr. **Beckler**. This might be negative, too. My name is Tony Beckler. I was in Vietnam from 1967 to November of 1968, 25th Infantry Division. Well, my problem is later on in life, after Vietnam, I have been diagnosed as having multiple sclerosis. Well, I just didn't believe that. I thought I have seen people with MS and I am a little stronger than those people. So I went to go to clinics. I have gone to Rochester, Mayo, and all kinds of doctors and some of them said I have had MS and some said you have something like it but I can't put my finger on it.

I came upstate and I said, "Could it be agent orange?" They wouldn't give me an answer. Maybe what I have come here for is an answer. I went and took my agent orange test, which I don't think is much, a blood test, of course X-ray and reflex test. So I asked, I don't know if he was a doctor, but a man down there. I said, "Can you tell me is it agent orange?" and he said, "I can't answer you." He said, "There is something wrong, but I don't know what it is." So they don't give you an answer down there.

The gentleman up here earlier said that they go the extra mile. Well, I don't think they cross the street. I went to Mayo Clinic down at Rochester, and I am back to agent orange again. Well, what it has done to me is done. I went to Vietnam. It was on my own, but I have two sons and both have birth defects. Now, am I the fault of this? I would like to have an answer. That is all.

Mr. **Daschle**. Well, obviously we are not medical people here, but the answer lies somewhere in all of the research that we now have underway. That research came about as a result of people like you coming forward and exposing their personal histories, their stories; and as a result of having demonstrated again and again in various ways that there has to be some kind of link. We have moved the Congress to the point where now, maybe it is not satisfactory because obviously you were not treated satisfactorily but to the point where we are beginning to make some progress. What we have to do now is to find out where we are at in this whole effort, and we have got a long, long way to go.

The research that is being done says that there are a number of symptoms that may be demonstrative of a link between agent orange and various health defects. There are those that will argue that in some cases those defects may not be attributable to agent orange but very well could be. But because the secret, you know, when you are trying to solve the murder many times you find the smoking gun. Well, we haven't been able to find the smoking pistol yet. We know that it may be there. We may be able to find that link that is still secret between exposure and the problems and abnormalities that some of the children are now facing.

But in any case, what they are telling you is unfortunately and totally unacceptably, all that can be said. The problem may exist as a result of that exposure. I believe that that link exists. I think that we are going to be able to demonstrate it medically, but then obviously once the link has been shown to exist the next question is how do we deal with it through treatment? How do we insure that that treatment is going to provide you relief and the satisfaction healthwise that you so desperately would like to have.

But we are making progress in that regard. Unfortunately, it is not happening anywhere near as fast as we would like it to. As some people stated earlier, they have had to wait 10 years for us to go this far. I think in the last couple of years we made far greater progress than at any other time in the last 10 or 15 years. But it has taken people with courage like you to come forward to get us to this point, and it is going to continue to take that kind of dedication and that kind of willingness to present your problems that will lead us to even further progress.

I wish I could say, yes, we have that link and yes you will be treated and, yes, you will be cured. But I don't think there is any man on the face of the Earth that can say that unequivocally this afternoon.

Colleen?

STATEMENT OF COLLEEN BULLINGER

Ms. **Bullinger**. My comments are about the same as his. My husband is a Vietnam veteran and disabled so we are a little bit luckier there. We do have his disability. He was in Vietnam in 1968 and exposed to agent orange as an infantryman, and our child has severe birth defects. He is 4 years old. He has had three surgeries, and what can we tell him? Can he ever have children without having the birth defect? We need the answers and that is all I have to say. We can't wait another 10 years.

Mr. **Daschle**. Well, we don't know whether that $4.7 million is a drop in the bucket or a bucket and a half as far as the amount of money we are going to need for research. But I will tell you this, there are people now in Congress with the dedication, the commitment, and the tenacity that it is going to take to see this thing through.

I don't know how long I am going to be there. I don't know how long Byron is going to be there, but I know that as long as we are there and others like Ralph Casteel that feel as strongly about this issue as you do, and that are concerned about those kids that we will not stop until we have some answers. I will never forget as long as I live a question that was posed to me in Connecticut by a young couple. The man had a rash all over his arms. His face was broken out pretty badly with chloracne and they had been married for about a year and a half. He came to me and was wondering whether or not they ought to have children. There is no experience that I have had as a Congressman that comes close to having to try to tell them that there is no way you can tell whether they should or should not.

There are so many unanswered questions out there that I don't care whether we would have to turn the whole Federal budget over to resolving this issue in the next year, it has to be done. As far as I am concerned, the $40 billion we are spending on a new MX missile is the most hideous crime that this country could commit if we are doing that instead of spending the money for medical research to answer the questions that are raised about agent orange around this Nation.

If it is a question of priorities there isn't any greater priority in this country than to resolve those issues that deal with our commitment to veterans and their wives and families. I don't think we have done the job that we should have and still aren't. But obviously it is courageous people like you that are bringing us much closer to reaching a final conclusion.

I get so frustrated in hearing the kinds of things that I am hearing this afternoon. Going back to Washington I hear a Veterans' Administration Administrator saying that they are just crybabies, that he would rather spend $60,000 decorating his office than to turn a leaf on a new piece of research that might answer one more question on agent orange.

So I am extraordinarily frustrated but nonetheless encouraged—and that is the word I would like to leave with you, encouraged—that after 12 or 15 years they are finally hearing us. I don't think we could have had a hearing like this 5 or 6 years ago. It would have been impossible. We have had I don't know how many hearings now throughout the country accumulating evidence, accumulating information and accumulating a new determination I think within the membership of the Congress that at long last we are going to turn this thing around and it will be an issue that until resolved will remain the highest priority for some of us in Congress, especially those that are members of the Vietnam Veterans in Congress and those on the committee like Byron Dorgan.

I have talked far too long but I am grateful to you for your comments, for your insight and for your courage in coming before the committee to talk about something very personal and something very painful when it comes to the tragedy that you have had to experience.

Byron?

Mr. DORGAN. To Tony and Colleen particularly, I think it is true that Government in the past and still in the present likes to protect itself and does not like to admit wrongdoing, does not like to be very forthcoming in a way that would say, yes, we did the wrong thing. Therefore, early on the question was raised about agent orange even when they were raised at the point where it persuaded the Government to discontinue using agent orange in Vietnam. The Defense Department and Veterans' Administration were not very forthcoming and were not willing to admit that there is reason to reevaluate this whole area because we may have made a grievous mistake. Let me echo what Tom has said, that hearings like this, hearings in Washington by the Veterans' Committee, testimony like yours represents the kind of fuel that is necessary to really get this Government of ours to understand that it is important to admit a mistake if one has been made, because the mistake affects a lot of lives and you can only deal with that mistake if you know the dimensions of it and what the resolution should be. And I think we are making progress. It is not fast enough and it is probably not good enough progress for someone who is immediately affected, but as Tom said both of us and a lot of other people on the Veterans' Committee are determined to get to the bottom of it all, and do it as quickly as we can. That is all of the assurances I can give you.

With respect to education, the question you are raising about quality of care, and quality of service in the Veterans' Administration are important, and I appreciate your willingness to air them. It certainly is true that accessibility to care for a veteran in North Dakota is nowhere near accessibility for a veteran that lives in Baltimore. That is a given. I have raised that time and time again in the committee hearings in Washington.

I understand the drive time questions and all that sort of thing. I do think we have a really good veterans hospital in Fargo, and I don't toot their horn for the heck of it. I am plenty willing to criticize institutions that need criticism whenever I feel it warranted. I think that hospital is pretty good. I think if there are areas procedurally where people have wait times and so on, I encourage you to visit with the head of the hospital and I will do the same. If there are areas they want to know about it. They are there for veterans and not for themselves. So I appreciate your bringing this to our attention.

Let me visit with them, and I hope you will as well.

Mr. FIBIGER. I wish that some of us could believe that the Veterans' Administration operated for the veteran.

Mr. DORGAN. It is supposed to. Tom raised the issue of decorating offices and trips to Hawaii, and I understand that is going on, and we are trying to get rid of some of the elements that don't understand what their jobs are. We are trying to do that, and sometimes that takes awhile, more than it should take. But at least the people I have dealt with here in North Dakota I think understand what the rule is. But it is partly your responsibility to help them as well as my responsibility to help them understand what the rule is.

And so I hope that you avail yourself of that opportunity as well. I will, too. I appreciate all three of you testifying. It does give us a good hearing record which represents the basis for further legislative attempts. When we have full committee hearings to determine where we go from here, it gives us the capability of pushing harder for better service and pushing harder for more research, and those type of things, and I appreciate your willingness to come and testify.

Mr. DASCHLE. Ed, I think that your proposed remedy is one that is going to be heard more and more unless veterans receive satisfactory health care. The reason we have a veterans hospital system right now is because this country and the veterans of this land have demanded that we have them. They were promised health care second to none.

Mr. FIBIGER. It was second to none.

Mr. DASCHLE. The health care that they are going to receive is going to, I think, be determined by the reports that they provide the Congress. If it isn't the very best, then it is the veterans themselves who ultimately I think will be putting pressure on the Veterans' Committee and the Congress itself to make some radical changes. And I think they have the wherewithal politically and organizationally to get the job done.

So let that be a word of warning, I think, to the Veterans' Administration that they either shape up their operation or we will get something better.

I don't think we are at that stage yet. I think we need to make improvements. We need to cite them one by one and in the process deal with and eliminate those problems as they come up.

Well, I want to thank you as panel members for this testimony.

Ralph, did you have any final comments or questions?

Mr. CASTEEL. No, sir.

Mr. DASCHLE. This has been an excellent hearing. Again let me reiterate to all of our witnesses and to those who came this afternoon to hear that we are here for one reason and that was we were invited to come by your Member, Congressman Dorgan, who is a member of the Veterans' Affairs Committee. I don't like to come up to North Dakota anymore than I have to, but when I do——

Mr. DORGAN. You hear South Dakota jokes up here?

Mr. DASCHLE. That is right. But I don't know if it is true or not that your State tree is a telephone pole, but if it isn't we can contend with that after the hearing. I want to thank all of you sincerely for the tremendous information you have given us, the insight that you have provided, and the renewed commitment that you leave with us in insuring that we are going to deal with these problems head on. It is a long process. It is a very frustrating one as we talked about today, but one that I know that you have two Members of Congress here and some staff people who are very dedicated to overcoming.

Let us just hope we succeed. Thank you very much.

Byron, do you have any additional comments before we close the hearing?

Mr. DORGAN. No, just to thank you for coming, Tom, and the committee staff members for coming, and to note for the record that your jest about North Dakota was jest lest anyone think you are serious; and I enjoy going to South Dakota occasionally as well.

Thank all of you for coming as well.

Mr. DASCHLE. Let me reiterate it was in jest. I was up here for a hearing awhile back and enjoyed very much your hospitality and your warm ways, which are very much like those we have in South Dakota. Thank you very much, and the hearing is adjourned.

[Whereupon, at 5 p.m., the subcommittee was adjourned, to reconvene subject to the call of the Chair.]

APPENDIX

PREPARED STATEMENT OF DR. CHARLES TOWNSEND, CHIEF OF STAFF, VA MEDICAL CENTER, FORT MEADE, S. DAK.

In 1970, Charles Stenger surveyed V.A. Hospitals and based on their narrative reports concluded that the younger veteran is different from his older counterpart in at least five different ways:

1. He is unwilling to accept authority, wants to know the why of things, and wants to be heard as an individual.
2. He does not believe authority is responsive to him, tends to distrust it, and believes he will be pressed to conform.
3. He is less optimistic toward life and has fewer goals for himself.
4. He is strongly identified with his own age group.
5. He is more impatient than his older counterpart, especially finding routinized and impersonal hospital programs difficult to accept.

Braatz (1971) found that Vietnam Era veterans showed greater discontent with their life situation, greater proneness to delinquent behavior, less respect for others, less trust, and diminished feelings of social responsibility. Moran and Davis (1971) found a greater percentage of A.M.A. discharges among Vietnam Era veterans than among World War II veterans.

Numerous other studies have confirmed differences in the Vietnam Era veteran as compared to his older counterparts with similar findings. Of further special note, however, are those studies which elaborate on staff attitudes toward this group. Cleveland (1971) found that younger staff tend to express similar attitudes as younger patients and older staff side with older patients. Although both older and younger veterans tended to view many of the V.A. practices as arbitrary, impersonal and oppressive, only the younger staff were sensitive to what they see as the arbitrariness of V.A. red tape. Older employees denied impersonal and bureaucratic elements of V.A. procedure.

Stuen and Solberg (1971) isolated characteristics of young veterans as follows:

1. Don't identify with older patients and staff.
2. Don't dress or groom to the expectations of staff.
3. Dependent on parents.
4. Appear pseudo-independent (independent striving).
5. Rejection of usual identification models.
6. Lack of identifiable values.
7. Sense of failure.
8. Despondency at being unable to change things.
9. Attack used as a defense.
10. Lack of vocational, educational and social skills.
11. Less concern of material things; more concern for psychological or philosophical considerations.
12. Presented their problems as "generation gap" rather than "sickness".
13. Fewer overt psychiatric reactions; more "acting out".
14. Use and abuse of drugs to obtain status of being.
15. Striving for better self-identification and for competency.

The staff, in identifying their own difficulties in dealing with these veterans, described themselves with the following therapist characteristics:

1. Frank rejection.
2. Middle-class values only acceptable ones.
3. Made anxious by pressures of adolescent-like behavior.
4. Counter-hostility created by "acting out".
5. Communication block; psychiatric jargon.
6. Striving; too high expectations of patient.
7. Need to protect and nurture.

8. Need for high therapist input with recognition of few rewards.

All these articles are published in a document entitled, "The Vietnam Veteran in Contemporary Society" published in 1972. These findings are consistent with informal observations at Fort Meade. Vietnam Era veterans and staff responsiveness to them have contributed to some conflict and dissatisfaction on the part of both the staff and patients.

Treatment of Vietnam Era veterans present a unique situation because of their distrust for authorities. Their acting out behavior occurs because of their own fear, feelings of vulnerability, and consequent defense systems. In a treatment setting, staff becomes these authority figures On the other hand, staff members' responses and attitudes toward this population is frequently hostile, negative, rejecting, and non-empathic. As with most vicious cycles, it is easy to get into a "chicken-egg" controversy as to which causes which, but that is relatively unimportant for purposes of this discussion and possibly not even solvable. What is important is a recognition of the problem and what should be a "staff helping patient" model becomes a "staff versus patient" model, each afraid of the other and responding defensively and non-therapeutically, our program for a Vietnam Era population combines the approaches of Therapeutic Community and a process orientation toward treatment, in addition to a comprehensive set of specific treatment modalities to deal with major problem areas in each individual patient.

I would like to take this opportunity to describe to the Committee some of our efforts toward treating Vietnam Era veterans. It is our feeling at Fort Meade that we are developing an innovative approach to treating Vietnam Era veterans, and whereas the approach is not totally implemented at present, most components of the system are already ongoing.

First, let me present some statistical trends which characterize our veteran population served by Fort Meade. In Fiscal Year 1980, out of 2,697 inpatients treated, 568 were of the Vietnam Era or 21 percent of the total. In Fiscal Year 1981, out of 3,094 inpatients treated, 716 were of the Vietnam Era or 23 percent of the total. In Fiscal Year 1982, although comparable statistical data is not yet available, perusal of unanalyzed data indicates that both the number and percent of Vietnam Era veterans are increasing. Thus, there is a trend demonstrating that we are treating more Vietnam Era veterans and that they are comprising a greater percentage of the total number of inpatient veterans treated. Furthermore, in Fiscal Year 1980, 69 percent of those Vietnam Era veterans were treated in psychiatric bed sections. In Fiscal Year 1981, 71 percent of those Vietnam Era veterans were treated in psychiatric bed sections. In Fiscal Year 1982, it is anticipated once again based on unanalyzed data that the percent of those Vietnam Era veterans treated in psychiatry will have increased. Thus of the Vietnam Era veterans treated on an inpatient basis, an increasing percentage of those are being treated in psychiatric bed sections.

In the past three years then we have seen a greater number and percentage of Vietnam Era veterans requesting psychiatric treatment for problems they are having. It is because of this trend, and in the interest of providing more relevant and appropria;te treatment intervention for this population that major changes in philosophy of treatment began to be implemented at Fort Meade beginning in 1981 and led to a formal proposal for a Therapeutic Community Ward for Vietnam Era veterans submitted on July 8 of 1982. This proposal outlined major changes in treatment philosophy and established treatment programming for patients on the unit.

Treatment philosophy is based on the belief in strong patient peer group responsibility for and to each other; this feeling is generalized to staff as well within professional and ethical guidelines. Patient and staff have a shared responsibility for programming, recreation, discharge planning, ward policy, treatment planning and admissions to the unit. Barriers between patients and staff are curtailed as much as possible within legal, professional and ethical codes of conduct, and V.A. regulations.The ward program stresses a problem orientation rather than a sickness orientation. Thus although it is recognized that diagnoses and treatment of mental disorders is necessary, programming and milieu encourages problem identification and solution.

TREATMENT PROGRAMS

Therapeutic Community: At the core of any therapeutic community program is the concept of Patient Government which while not usurping the role of the staff, deflects many of the potential sources of staff-patient friction and authority issues into the hands of ones peers. Patient Government can be an advocate for patient care serving as a sounding board for patient's problems while also serving as valuable involvement for patients in ward management and policy setting. They get firsthand experience in formulating and experiencing regulation and the problems inherent in living with or violating such regulations. They learn to better appreciate the difficulties involved in team management and have more compassion for authority because they participate in that authority.

In addition to Patient Government, a buddy program is an integral part of therapeutic community. Patients new to the ward are paired with those further along in the program for purposes of orientation, feelings of acceptance, and to encourage feelings of usefulness to others. Daily meetings each morning would also be held during which patients could request to see various personnel or to request a group meeting of his peers, and to provide a general forum for staff and patients.

Treatment Groups: Treatment groups on the ward are goal specific and include the following:

1. Suicide Group—This group is designed to help patients openly explore their suicidal thoughts, causes and short and long range ways to cope with these feelings.
2. Combat Group—This group is for Vietnam combat veterans only and offers an opportunity for the participants to discuss their combat experience and feelings about it. Issues of survival guilt, loss of friends in battle, etc., and coping mechanisms used to handle combat situations and its relationship to present problems are the focus of the group.
3. Communications Group—This group concentrates on getting participants better able to communicate their fears, feelings of anger, inadequacy, depression, and love to others in a more socially accepted and honest way.
4. Alcoholism/Drug Abuse Group—For patients with secondary problems of alcohol and drug abuse, this group deals with dependency on substances and discusses alternatives including AA, drug or alcohol treatment programs, antabuse, and stress management. Stress patterns that aggravate substance abuses are identified and discussed as well.
5. Couples Group—Where feasible and appropriate, a group consisting of patients and their significant others has been set up. The purpose of this group is to help couples better handle marital stresses and to become more open with each other in their handling of personal issues.
6. Vocational Planning Group—It is anticipated that this group will focus on developing sound job readiness skills and discuss employer-employee relationships. The purpose of the group is to increase the degree of employability of patients and to better understand those aspects of themselves that interfere with successful job placement and explore solutions.

Recreation Programs: An emphasis is placed on patient involvement in program planning, individual and team sports are an active part of treatment. Emphasis is on group cooperative efforts, team building, improvement of self concept, and reduction of fear of ridicule. Softball, swimming, camping, skiing, and volleyball are all appropriate for this group. Picnics, possible community projects are to be encouraged but always planned with patient participation. The softball tournaments have been particularly helpful in this regard. These veterans have played teams from our Alcohol Treatment Program, the Veterans Outreach Program and the Fort Meade staff. Each game has been publicized by the patient participants predicting victory themselves, and defeat of opposition, using cartoons and posters displayed throughout the hospital. Spirited humor prevails prior to and during each game. In the game against staff members, top level management encouraged and participated in the event.

Expressionism: Patients are encouraged to develop on both a group and individual basis, ways to increase artistic expression through art, music and writing. Group projects may include sculptures, painting, play direction and performance, talent evenings, etc. Individual expression likewise emphasizes the patient's ability to ventilate his feelings through various art media. At present, a mural is being planned for placement in a main corridor with the help of a volunteer art therapist.

Individual Treatment: The treatment program is flexible enough to be individualistic to meet the desperate needs of patients. Patients are given continuing options to choose from, along with staff recommendations and concurrence, a wide variety of treatment modalities and recreation opportunities. Individual, marital and family therapy are available as well.

A major staffing need is coverage in the evening hours, particularly on weekdays. This period of time is the most difficult for patients on the unit, primarily because of problems of boredom, alcohol intoxication and sleep disturbances. Therefore, in addition to strong nursing coverage on the evening shift, support services from Psychology and Social Work Services are on duty during those evenings Tuesdays through Thursdays.

Change is never easy, and the Vietnam Era Therapeutic Community Unit is no exception. Various groups have been of invaluable assistance in achieving the progress thus far. We are extremely fortunate to have an Outreach Center in Rapid City committed to a close liaison arrangement with the hospital. The center personnel are conducting education programs for the staff, and group therapy for hospitalized Vietnam combat veterans. Top management has been most supportive in implementing each phase of programming for the unit as have chiefs of clinical services. Finally, the unit was developed, from its inception, based upon the expressed input from Vietnam Era patients on a continous basis.

Various components of the program are not yet fully operational and require additional resources will be required to accomplish our goals in the areas of patient government, suicide prevention, group and vocational planning. Nonetheless, we have made considerable advances on the unit as regards staff and patient attitudes, implementation of appropriate treatment groups, more thorough assessment for diagnoses of Post Traumatic Stress Disorders and in areas of recreation and artistic expression. Reaction of veterans to the changes has been quite favorable. We feel that we are combining the strength of the vetrans and the V.A. staff in a unique and positive way that can be of help to both groups in developing mutual understanding, respect, support, caring and a love for each other that after all should always have been and always should be our highest mission.

PREPARED STATEMENT OF THOMAS F. WHEATON, DIRECTOR, VA MEDICAL CENTER, HOT SPRINGS, S. DAK.

I am very happy to have the opportunity to present testimony on the adequacy and provision of services provided to Vietnam era veterans by the Veterans Administration Medical Center at Hot Springs. I would specifically like to address the adequacy and provision of psychological readjustment counseling, VA drug and alcohol dependency programs, and medical care for those Vietnam veterans who have disabilities that may be related to exposure to Agent Orange.

From our perspective, the provision of psychological readjustment counseling is very good. The Veterans Outreach Center, located in Rapid City, South Dakota, and attached to the VA Medical Center, Ft. Meade, has been very responsive to our needs. Many of our patients who have utilized their services speak highly of the quality and the quantity of the service provided to them. It appears our Outreach Vietnam Veteran program does attract the type of veteran who appears alienated from the traditional VA system, since there seems to be less structure in the administration of the program. Our experience with contracting out for readjustment counseling has not been totally successful. Of the three bids received to provide services, two were not qualified, and the third was outside our defined service area (Pierre, South Dakota). I would defer any additional comment to those representatives from the Vets Center or the Medical Center at Ft. Meade.

On the subject of the VA alcohol and drug dependency programs, our VA Medical Center at Hot Springs operates an in-hospital treatment program of 30 beds. Mr. Chairman, I am happy to indicate to you that our particular program at Hot Springs is not only well funded, but well equipped and staffed to meet the high occupancy rate (in excess of 95%) we have experienced. We have also reviewed our alcohol-drug dependency records covering the past 5 years (1977 thru August 1982). These figures indicate that from 1977 to the present, there has been a marked increase in the number of Vietnam era veterans seeking treatment for problems related to alcohol or the use of alcohol or other types of drugs. In 1977, for example, there were a total of 58 Vietnam veterans in our program. By 1981, this number had increased to 140, and continues to rise.

Admissions of Vietnam veterans to our alcohol unit also continue to increase. In fiscal year 1980, 30 percent of all admissions wre Vietnam veterans. In fiscal year 1982, to date, we are experiencing a 36 percent rate. In addition, 38 percent of all the veterans discharged from the alcohol unit to OPT treatment were Vietnam veterans. Our fiscal year 1982 to date figures show 42 percent Vietnam vetrans. Of the total admissions of Vietnam era veterans to the alcohol unit, 40 percent of these were readmissions. 21 percent of Vietnam era veterans admitted had been previously admitted to the program. 9 percent were admitted more than twice. 3 percent were admitted more than 3 times, and 1 percent admitted more than 4 times.

We have noticed, in our program, that there is very little barrier as to the age differences when it applies to the problems generated by the use of alcohol or drugs. We have, in fact, found that different age groups tend to complement each other in the approach towards becoming reasonably comfortable, healthy, and socially responsible persons.

In our particular program, there are special segments of the treatment program which are applicable to the Vietnam era veteran only. Our Vietnam veterans, for example, meet one hour a week in special session. In addition, the Veterans Outreach staff, Rapid City, meet with our Vietnam era veterans for two hours at a time, twice a month. Our staff has found that particular programs for Vietnam veterans are more effective if conducted on a voluntary basis.

Our observation of the Vietnam veteran and his participation in our alcohol-drug program indicates that the Vietnam veteran appears to be more brittle; he seems to be more anti-authoritarian; he seems to continue to dislike structure. This type of Vietnam veteran who presents himself here for treatment appears, however, to be more inclined to do something about his problem with alcohol and drugs, and also seems less inclined to place the blame for his illness either upon Vietnam or the VA system. He appears to be more motivated upon entering the treatment program in looking at his problem more in the concept of the here-and now, rather than looking back to the past. We have also noted a large percentage of Vietnam veterans we see are poly-drug users, with the emergence of alcohol finally becoming the primary drug.

On the subject of medical care for those Vietnam veterans who have disabilities that may be related to exposure to Agent Orange, pleasure note that we have completed 154 Agent Orange examinations since the program's inception. Of this total, 47 veterans were called back because of some abnormality found during the examinations. We call the veteran back regardless of the abnormality, and regardless of how remote it may be related to Agent Orange. Our Agent Orange examinations are scheduled within 7 working days of the time of the initial request. Any exam scheduled over 7 days is at the request of the veteran, himself, or herself.

Mr. Chairman, as a matter of information, I would like to submit to you that from the period November 1, 1980, thru July 31, 1982, we received 1,433 applications for medical care from Vietnam veterans; 940 of these were admitted. As of this date, we have 326 Vietnam veterans on our outpatient rolls.

In FY 1981, for example, there were a total of 494 Vietnam veteran discharges from our facility. The discharges, by bed section, included 45.5 percent for medicine, 2.2 percent from intermediate medicine, 19.2 percent from surgery, and 33.1 percent from psychiatry.

At this Medical Center, we have not experienced any unusual behavioral problems, nor problems involving any kind of excess demand on behalf of the Vietnam veteran. The traditional view of the Vietnam veteran being anti-bureaucratic and impatient has not been experienced in this Medical Center.

Mr. Chairman, I am very happy to be able to inform you that, as of the end of June 1982, 12.5 percent of all employees at this VA Medical Center are Vietnam era veterans. In addition, 39.7 percent of all the veterans employed at this Center are Vietnam era veterans.

Thank you for the opportunity to address this Subcommittee.

Prepared Statement of Dr. Jerry Lee Simmons, Clinical Chief, Laboratory Service, VA Medical Center, Sioux Falls, S. Dak.

My name is Jerry Lee Simmons, M.D. I was born 29 October, 1939 in Maumee, Ohio. My Social Security number is 296-34-2519.

I graduated from Bowling Green State University at Bowling Green, Ohio in June, 1962, and attended medical school at The Ohio State University College of Medicine, Columbus, Ohio, graduating in June, 1967. I was ordered to active duty from the U.S. Army Reserves on the 27th of June, 1967, and served a rotating internship at Brooke General Hospital in Ft. Sam Houston, Texas from July 1967 to June 1968. During the Tet Offensive in 1969, I was an intern on the orthopedic service where we took care of over 150 bed patients and 750 patients on the service at any one time. Many of these patients were within 24 hours of their war wounds suffered in the VietNam conflict.

Following my internship, I trained at the U.S. Medical Field Service School (AMEDS) Officer Basic Training in 1968 followed by U.S.A. Aviation School at Ft. Rucker, Alabama in 1968. In October of 1968 I was ordered to VietNam, where I served until October 1969. For the first few months I was assigned as a flight surgeon to the 159th Heavy Helicopter Battalion stationed in Phu Bai in Northern ICORE. The 159th Heavy Helicopter Battalion is part of the 101st Aviation Group of the 101st Airborne, now Air Mobile Division. Midway in my tour of duty, I was promoted to the Group Flight Surgeon and moved to Camp Eagle with 101st Aviation Group of 101st Airborne Division.

My duties in VietNam included care of aviation and non-aviation personnel assigned to the 159th Heavy Helicopter Battalion and later all personnel assigned to the 101st Aviation Group Headquarters and assigned Pathfinder Unit. My duties included going on perimeter patrols as medical support, investigating aviation accidents and losses wherever they occurred throughout ICORE and Laos, and going into hot landing zones with the Pathfinders to assess and support their medical needs. During this assignment we spent considerable hours in the field, both in the air and on the ground, including ground excursions into many defoliated areas in the Ashau Valley, Laos and throughout Northern ICORE. During that time there was considerable perimeter spraying with defoliants. Perimeter patrols, of necessity, were exposed to these defoliants on a register basis.

The units were frequently sprayed with various insecticides.

As officer in charge of the health needs of our battalion, and later the entire aviation group, I insisted that each member faithfully take their Dapsone anti-malarial tablets, as well as quinidine. The quinidine was taken once a week, but Dapsone was taken every day, including a 60-day period after return state-side.

The drinking water was heavily chlorinated. This is another potential source of toxic compounds which, to my knowledge, has not been fully evaluated.

Many of us were exposed to various tropical diseases, including various forms of hepatitis. There was also moderate to wide spread alcohol and drug ingestion. The effect of the combination of alcohol and/or other drug ingestion, including medicinal drugs such as Dapsone, in combination with various pesticides, chlorinated compounds and herbicides is unknown.

It is my understanding that Dapsone, at the time it was given in VietNam, was an experimental drug. We, the medical officers in charge of the health of the soldiers, were not informed that this was an experimental drug. In my opinion, from my experience in VietNam, Dapsone undoubtedly saved many lives. In several instances, 101st Airborne soldiers taking Dapsone would not get malaria while 1st Marine Division marines in the next valley would have a high incidence of malaria. Nevertheless, the effects of the "little white pill"—Dapsone, in combination with other substances we were exposed to in VietNam should be further investigated.

During my tour of duty in VietNam we participated in many MEDCAP programs. These medical civic action programs were designed to promote good will by American soldiers, including physicians, and coreman working with and teaching South VietNamese civilians to better care for their own health problems. We observed many strange and exotic disease, including cholera, rampant tuberculosis, many kinds of parasitic disease, and two separate plague epidemics. Many of the children and adults had various skin problems which, in retrospect, may have been chloracne.

We also noted skin problems in many of our American soldiers, especially those who spent considerable time in the field and/or on perimeter duties. These skin problems, in retrospect, could have been chloracne.,

After serving my tour of duty in VietNam, I was asssigned to Ft. Knox, Kentucky as the Post Flight Surgeon. We served at this post until the 26th of June, 1970, when I was honorably discharged from the United States Army Reserves.

I was fortunate enough to obtain a residency position in the Department of Pathology at the University of Michigan, where I trained from 1970 to 1974. Part of this training included tours of duty at the Veterans Administration hospital. From June of 1974 until May 1981, I was employed by the Veterans Administration Medical Center in Ann Arbor, Michigan. During that time period I became board certified in anatomic and clinical pathology (1974) and became a fellow of the American Society of Clinical Pathologists and the College of American Pathologists. I also belong to the American Medical Association, State Medical Association, and District Medical Association, the American Association for Clinical Chemistry, on the subcommittee on Animal Clinical Chemistry, and I am an honorary member of the Michigan Society of Histo-technologists. While at Michigan I developed several areas of interest, including comparative pathology, gastrointestinal pathology, and muscle and peripheral nerve pathology, In 1975 and 1976, I was the interim director of the neuro-muscular pathology laboratory at Michigan State Univeristy and served as an Assistant Professor at Michigan State University, as well as instructor and later Assistant Professor at the University of Michigan.

In 1975 I became involved in the scientific study of P.B.B., a fire-retardant which had contaminated the cattle feed in Michigan. This substance quickly spread to most Michigan residents via milk and milk products. I collaborated with Dr. Tom

Corbett, an anesthesiologist in the study of the effects of P.B.B. mice and gerbils. This collaboration resulted in several scientific presentations and publication.

During this same time frame, we became increasingly aware, perhaps due to our interest in environmental contaminants of VietNam veterans who had multiple complaint which they felt were due to Agent Orange. I became superficially involved with several veterans organizations in Michigan, including Citizen Soldier. Through this relationship I became aware of many health problems VietNam veterans were suffering. These health problems included birth deformities, multiple gastro-intestinal complaints, emotional distrubances, skin disease and circulation disorders. Unfortunately many of these cases were heresay or one of a kind occurrences. There seemed to be an increase in carcinomas in a young age group. In 1978 and 1979 I suggested we save fats from autopsies from VietNam patients for possible dioxin. We attempted to find commercial sources for this evaluation. We found the cost was prohibitive, at least $1,000.00 per sample. We were also discouraged from saving fats because there was no mechanism for proper storage or a central repository (such as A.F.I.P.). As yoy are aware, at the present time, the Armed Forces Institute of Pathology requests all surgical specimens from VietNam veterans be sent to them as a registry. However, to my knowledge, at the present time there is no concentratred effort to save and/or evaluate fats for herbicides from VietNam veterans undergoing surgery or autopsy.

In 1981 we decided to move to Sioux Falls, South Dakota in the position of Clinical Chief of the Laboratory Service. This move was made because a new Chairman of Pathology, whose interests were divergent from mine, had been appointed at the University of Michigan. I felt there was greater opportunity for advancement by moving to South Dakota. At present, I work for the Laboratory of Clinical Medicine, which has a contract with the Veterans Administration Medical Center in Sioux Falls to provide the pathology services. Because of my previous Veterans Administration experience, and my background as a probable Agent Orange exposed veteran, I have been assigned to cover the position of Clinical Chief of Laboratory Service.

In general, I fell the Royal C. Johnson Veterans Administration Medical Center in Sioux Falls, South Dakota is an excellent facility. The Director, Chief of Staff chiefs of Bed Services, administrators and employees have an excellent attitude toward VietNam veterans and are willing to work with them in any way possible to help solve their problems. The VietNam veterans I have talked to who have been examined at our facility felt their examination was thorough and they were handled with courteousness and professionalism. As of 8-9-82, we have a cumulative total of 868 Agent Orange appointments, of which 82 had dermatology references, 419 were South Dakota veterans, 371 were Minnesota veterans, and 64 were Iowa veterans. There were 14 others. Ten (10) of the Agent Orange veterans had an examination with C&P, and 17 patients had examinations as in-patients.

We have two excellent veterans out-reach center; one is Sioux Falls and another in Sioux City. I have talked with personnel from both of those centers about Agent Orange and its scientific and medical aspects.

We provide psychiatric, psychological, and social service counselling for VietNam veterans, as well as veterans in general. There is a substance abuse program in our hospital which is unfunded, but which, nevertheless, does an excellent job in providing services to both NietNam and non-VietNam veterans. Those patients needing peer counselling are referred to the veterans out-reach centers.

During the past year I have had the opportunity to attend the Second International Agent Orange Conference held in October in Arlington, Virginia. This conference was rather enlightening, as a cross-section of "experts" presented various scientific and social topics concerning Agent Orange. In conjunction with this conference, a two volume set on the review of literature on herbicides, including phenoxy herbicides and asssociated dioxins, volume I and II was prepared by the Veterans Administration under the leadership of Barclay M. Shepard, M.D. I have found these publications to be most useful in answering most of the scientific inquiries concerning Agent Orange. During the conference, it became increasingly apparent that even the experts did not know the effects of Agent Orange or any other herbicides, pesticides or other substances used in VietNam. This area certainly deserves much further study. One of the questions I asked the panel was why we had been discouraged to save fat specimens from VietNam veterans undergoing surgery or autopsy. A satisfactory answer was not forthcoming other than no one would know what the results meant anyway. It was brought out that the samples analyzed from the Ranch Hand evaluation showed some of the controls who had never been to VietNam had higher levels of dioxins than those who were presumably heavily exposed.

In discussions following, we pointed out that it would make a lot of difference in total exposure if personnel was able to quickly shower following contamination. This would be possible for Air Force personnel but impossible with Army personnel on patrols in the "boonies."

Another fact that became apparent during the conference was doxin is a very dangerous substance. Researchers using dioxins describe their biologic safety setups. This type of facility is well beyond the reach of most investigational institutions, certainly including ours in Sioux Falls.

Since dioxins are so toxic, we decided to study the effects of Agent Blue, which is cacodylic acid. This compound is used in electron microscopy, therefore, the interest in work in this area is not only beneficial to VietNam veterans, but many medical and biologic scientists throughout the world. During our literature review in preparation for the proposal, we found very little was known about the effects of cacodylic acid, which is an organic arsenic compound. Interestingly, we received your invitation to testify before these field congressional hearings and the rejection of our proposal on the same day. Since we had many questions, we called the research section in Central Office and attempted to get some answers. Among items that we were interested in knowing were the following:

How many total proposals were submitted.

How many of these proposals dealt with Agent Blue.

How many proposals were funded.

What were the titles of these proposals.

What is the geographic location of the investigators.

Was the presence of VietNam veterans on the investigation team taken into consideration on the awards of the proposals.

Were there any VietNam veterans on the advisory board which reviewed these proposals.

Although we called to obtain these answers, we were told we would get a call back. Approximately one week later we did receive a call back stating they would not give this information on telephone request and a written request must be forwarded. We immediately forwarded a written request; however, have not had a reply as of this date, Friday, August 20, 1982. Numerous phone calls have found authorities to be busy on the phone or, at shortly after 4:00 P.M. have left for the day. We will continue to attempt to ascertain the anwers to our questions. At this time we must presume there were not VietNam veterans on their approval board, and the presence of VietNam veterans on proposals was completely ignored.

Regarding these facts, I feel, as a private citizen, the veteran status of Veteran Administration employees should be taken into consideration for promotions and appointments at local, district, regional and national levels. It is my understanding that presently, except for initial hiring, the veteran status does not convey any benefits concerning promotions.

As I prfeviously stated, I feel the attitude toward the VietNam veteran in this facility is excellent. However, we are grossly understaffed in all areas and need more positions to adequately carry out our mission. Our laboratory, according to AMIS reports (a workload reporting method) is presently ten positions short of those suggested by Central Office to fulfill the mission for the number of tests we run. Another area of concern is the Stay in School Program. This program enables students to get job-related experience, such as laboratory aids and blood drawers, while continuing to stay in school. Unfortunately there is an age limit of 22. This precludes any VietNam veterans taking advantage of this program. This seems to me to be discrimination on an age basis. I fel age limit on this program should be removed.

While in Michigan I became a member of V.F.W. Post 224 in Hamburg, Michigan. I served as the Post surgeon for many years and helped run several Red Cross blood drives in the Hamburg area. I have transferred my life membership to Post 628 in Sioux Falls, South Dakota.

From my prospective as a physician, I feel the health problems VietNam veterans are experiencing are real. At the present time I do not feel anyone can say whether or not these health problems are secondary to Agent Orange or other chemical exposures which may have occured in VietNam or, for that matter, here in the States. Whatever the cause, these health problems must be recognized and treated. The short and long range effects of the VietNam experience must continue to be studied in all of its ramifications. This includes incidence of birth defects, cancer development in VietNam veterans, cardiovascular complications, and stress-related conditions.

At the present time, most VietNam veterans, including myself, feel that only combat-exposed peers really understand our problems and feelings. In this regard the Vet Centers throughout the United States should be fully funded. Increasing efforts must be made to identify, counsel, and take care of the needs of our VietNam veterans, both now and in the future.

I would like to take this opportunity to thank you for the chance to testify on behalf of the VietNam veteran and as a concerned member of the patient care them at the Veterans Administration Medical Center in Sioux Falls, South Dakota.

Prepared Statement of Dr. Frederick J. Magnavito, Ph. D., Team Leader, Vet Center M. 511, Rapid City, S. Dak.

As I stand before you today, I can say with great assurance that a VietNam veteran is receiving services at the Rapid City Vet Center. I am proud to report that since our informal opening in late October, 1981, the Rapid City Vet Center has provided services to some 260 VietNam veterans. (We celebrated our formal opening on January 22, 1982.) In nine full months of operation (November, 1981 to the present) we have averaged 30 new clients per month. As a frame of reference for the significance of this volume, 30 new clients per month is the expected productivity of a four man Vet Center team consisting of a team leader, two counseling technicians, and one clerk. The Rapid City Vet Center is a three man operation comprised of a team leader, one counseling technician, and one clerk. The productivity standard for a three man team is 22 new clients per month.

Why are our numbers significantly greater than expected? I beleive, in part, our geographic location belies the numbers of Vietnam veterans residing in our catchment area who desire our services. I beleive our intensive outreach efforts, particularly to minority groups and reservations have contributed significantly to our productivity. Finally, word of mouth, and referrals from other federal and state agencies and the professional community, have helped establish the Vet Center as a reputable and trusted facility among veterans and non-veterans alike.

What are the services available to Vietnam veterans? The Vet Center itself provides readjustment counseling, to incude individual, group, couples, family, alcohol and drug, and Agent Orange counseling. In concert with our present VA hospital we also provide a full range of psychiatric and psychological services. When a Vietnam veteran comes to the Vet Center he discovers that our approach to his problems and concerns is comprehensive and individualized.

Although our emphais is on readjustment counseling with a focus on the combat experience and the uniqueness of the Vietnam conflict, we also explore marital and family relationshps, substance abuse and the possibility that other psychiatric or medical problems may be contributing to the client's distress. When appropriate, psychiatric consulation for purposes of medication and/or hospitalization, is incorporated into a treatment plan. If hospitalization is deemed appropriate, the veteran is assured that our services will continue to be available to him while hospitalized. Indeed, our parent facility has been not only a willing partner in treating Vietnam veterans, but an advocate of the Vet Center as a treatment facility. I can state without equivocation that our relationship to the Veterans Administration Medical Center at Fort Meade, under the directorship of Dr. Robert E. Lee, has been one of mutual respect and full cooperation in all phases of Vet Center functioning. From administrative support, and personnel actions, to essential client or patient care services, the cooperative efforts of the Fort Meade VAMC have been instrumental in our success as community based health care facility. We also have a sister VA facility at Hot Springs. Mr. Thomas Wheaton, the director of the Hot Springs Veterans Administration Medical Center, has encouraged our participation in patient care and has shown the Vet Center the respect accorded a professional and competent provider of health care services.

I would like to address the areas of alcohol and drug dependency, and Agent Orange as separate issues. The Vet Center, as counseling service, is limited in its capacity to treat substance abuse, and medical concerns related to exposure to Agent Orange. In the treatment of substance abuse, identification and examination of the dynamics contributing to alcoholism and drug addiction is but one component of a total treatment program. Successful treatment usually requires hospitalization, medication, and a systematized programmatic approach to change in life style. Such an approach generally, though not invariably, presupposes that substance abuse, especially alcoholism, is an independent disease entity. However, I believe there are occasions in which substance abuse is symptomatic of deeper treatment; one that combines hospitalization for purposes of abstinence, and counseling designed to treat those underlying problems. In either case, just as a non-medically staffed counseling facility requires hospital psychiatric support services for successful operation, so too does such a facility require hospital services for comprehensive treatment of substance abuse.

The issue of Agent Orange presents a dilemma. Research into possible effects of Agent Orange exposure consists of either retrospective studies of accidental human and animal exposure, or controlled laboratory animal studies. Results of retrospective studies tend to be inconsistent or inconclusive, and contolled animal experimentation findings cannot be extrapolated to human exposure. The scientific community and the Veteran Administration is thus left in the unenviable position of being unable to provide definitive answers to questions posed by anxious and frightened veterans. A counseling approach to this problem emphasizes education as to what is and is not known about Agent Orange, helping an individual understand why he responds to uncertainty in a particular manner, and learning to cope with uncertainties and fears in a complex world. However, I also believe that veterans who were exposed to Agent Orange deserve more.

I am referring to the veteran whose wife has had two still births, or whose children suffer from multiple birth defects, or whose skin rashes or unsightly skin eruptions defy definitive diagnosis. The VA has assumed major responsibility for providing answers to worried veterans and their families, and in turn has received the brunt of anger born of fears and frustration. But it was the military, presumably with the concurrence of a civilian government, that initiated and then expanded the use of a contaiminated herbicide, whose effects on humans was incompletely understood. It was the military, presumably with the concurrence of a civilian government, that continued to advocate the use of a contaminated herbicide which would enter the food chain and be consumed by human beings.

I believe it is now the responsibility of these who formulated the strategy of defoliation, and authorized the use of herbicides, to provide Vietnam veterans with meaningful answers to their questions. It is of little consolation to our veterans that the spraying of Agent Orange was a life protecting measure, when they are living in fear that their lives and the lives of their loved ones have been unalterably affected by well meaning strategists.

I trust that in this brief statement I have addressed issues of concern to this committee in a timely and informative manner. I would now like to open this forum to any additinal questions or dialogue.

STATEMENT OF JAMES L. MCLEAN, TEAM LEADER, READJUSTMENT COUNSELING SERVICE, VAM & RO CENTER, FARGO, N. DAK.

Readjustment Counseling Service, formerly known as Operation Outreach, presently consists of a nationwide network of approximately 141 Vet Centers. North Dakota is fortunate to have two Vet Centers, one located in the city of Fargo, and the other in Minot. The Fargo Center became fully operational in March, 1980 and the Minot Center officially opened in April of this year (1982). Both centers are staffed with three counselors, one of which serves as the team leader, and one secretary. Our centers are administratively attached to the Fargo V. A. Medical Center which serves as our parent facility however, our program supervision is provided by the program regional coordinator located with the Dallas, Texas V.A. Medical Center.

In regard to the relationship which exists between the Fargo Vet Center and the V.A. Medical Center and Regional Office Center in Fargo, I want you to know that the entire administrative and medical staff of the facility has consistantly provided us guidance, suport and services of the highest quality. We enjoy a superb working relationship with and strive towards a cooperative effort in providing services to veterans.

Our primary mission in the Vet Center program is to provide readjustment counseling to Vietnam era veterans and their families. Of particular interest to the program is a target population of these veterans who, because of their distrust of government and subsequent alienation, have chosen to not utilize the benefits and services of the V.A. and other federal agencies. To facilitate our outreach effort to these veterans, Vet Centers have located their office facilities within the community and developed community networks of referral resourcs.

Statistics gathered at the Fargo Vet Center for the period of March, 1980 through June, 1982 show that we have provided readjustment counseling services to 1,017 Vietnam era veterans. This has resulted in 2,969 veteran visits and 657 family members visits for the above 28 month period. A distribution of presenting readjustment problems rank ordered according to frequency reported by the counseling staff follows:

1. Alcohol and drug abuse	423
2. Interpersonnal relationship difficulties	387
3. Employment	336
4. Marital problems	223
5. Anxiety and fear	216
6. Mental	132
7. Physical	116
8. Educational	98
9. Dreams/Nightmares	96
10. Agent Orange	72

The vast majority of our clients are veterans who served in country in Vietnam. Most clients present multiple difficulties in their lives today characterized by a pattern of readjustment difficulty which began shortly after their return from Vietnam. In approximately 15 percent of our client cases we are able to directly relate their readjustment difficulties to traumatic experiences in combat and subsequent loss of self esteem, feelings of abandonment and betrayal, isolation, and social withdrawl sometime after their homecoming. Many veterans who endured less traumatic experiences also seem to manifest symptomology consistent with Post Traumatic Stress Disorder. The relative high incidence of chemical abuse among our clientle appears related to an effort to self medicate against negative emotional feelings. We also probably tend to attract more veterans who are abusing chemicals due to our relative success in motivating them to enter treatment programs and thus having acquired a reputation in this area. The problem distribution mentioned previously is reflective of the constellation of readjustment difficulties commonly associated with Post Traumatic Stress Disorder.

With respect to PTSD, we offer individual and group counseling. Our experience has been that group counseling is the most effective modality. A more immediate sense of relief and well being seems to be derived by the veteran in group however, we have recognized that continued support is needed after the group experience with additional individual after-care and follow up. The Fargo V.A. Hospital Alcohol Treatment Program, Psychology Service, outpatient ambulatory care unit, and Psychiatric Nursing staffs have been particularly instrumental in providing adjunctive therapy and care for our clientle. When necessary, we refer our clientle to specialized services in the community and provide follow up services.

Agent Orange concerns tend to be presented at the Vet Center more by telephone inquiry than by walk in clientle. As reflected in our statistics, only 72 veterans have specifically requested assistance with Agent Orange issues while visiting the center. Many more have telephoned our center and usually the veterans' concern is reflected by his worry for the possible effects of agent orange on his childrens physical well being. This is an emotion laden issue which evokes fear, anxiety and anger in Vietnam veterans. I believe the media attention given to agent orange and the lack of substantive scientific opinion create undue concern and worry within the Vietnam veteran population.

Our procedure with Agent Orange inquiries is to reduce anxiety and refer to the V.A. Hospital for a history taking and exam. Our Vet Center has arranged for approximately 223 Agent Orange exams since March, 1980. Follow-up efforts reveal the majority of Vietnam veterans are extremely happy with the physicians at the V.A. who perform these exams however, there remain disappointment with many veterans that the exam and test results fail to make a distinction between medical problems found and their relationship to Agent Orange contamination. Also, veterans from outlying communities find it difficult to leave work to travel to the V.A. in Fargo to complete the exam.

Employment problems have been an ever increasing concern for veterans since our program first began operating. Frequent lay-offs in industry and staff reductions in the retail sector of business appear to be primary factors involved here. We recently were fortunate to receive the service of a Disabled Veterans Outreach Person one day per week at the Vet Center. This person comes to our Vet Center each Wednesday from the Fargo Job Service office and thus far he has been successful in referring many of our clients to jobs in the local area. It is our opinion that this arrangement is working very well and we look forward to continuing this effective relationship with North Dakota Job Service.

The final issue I wish to address is educational benefits for Vietnam era veterans. My work with veterans began in an educational setting at the University of North Dakota in 1973. At that time there were approximately 1,000 veterans pursuing education programs on campus. Vietnam era veterans appeared to have high rates of dropping out or interrupting their programs for a variety of reasons. I have heard it said many times that more Vietnam veterans have used V.A. education benefits than veterans for any other era but that fewer Vietnam veterans have completed educational programs than did veterans from other eras. Eight years later. I now find myself encountering those veterans who dropped out coming into the Vet Center. Although I have no statistics to support by hypothesis, I believe many of these veterans were experiencing severe readjustment difficulties and PTSD symptoms which precluded their completion of educational programs. They now find themselves, typically, with a high number of months of entitlement remaining but most have passed their delimiting dates. Accordingly, many of these veterans, after counseling and therapy. are in a position to make good use of these educational benefits but have no means of developing a case to present to the V.A. for consideration of delimiting date extension.

In closing I would like to state that I have enjoyed my work in the Vet Center program and I believe a need exists to expand the eligibility for services to all veterans who have experienced severe readjustment difficulties in their lives since returning from military duty. Past and on-going research seems to indicate we need to take a new look at the effects of trauma and combat and its long term impact on human beings regardless of the "era" involved.

STATEMENT OF BONNIE VEKE, WIFE OF DON VEKE, VIETNAM VETERAN

It was impossible for me to attend this meeting with Jim Mclean, Counselor of the Fargo Vet Center, so I have written this letter and Mr. McLean will read it on my behalf.

My name is Bonnie Veke, I am the wife of a Vietnam Vet named Don, thus I felt I was qualified to testify to the following material in hopes that it will be of some use to the Committee.

Don and I have been married for three years and up until recently when he became involved with the Vet Center and Jim McLean, I swear they had to be the roughest time of my life.

Don was hit by shrapnel while serving with the USMC in Vietnam. He has many scars over his entire body and lost the sight in his right eye, so life has been tough for him. He carried not only the scars on the outside but the scars on the inside, which everyone told him to put everything behind him and forget the pain of that war. How can anyone forget, whether they were hurt or not the memory will always be with him. But I believe when you also carry the scars on the outside it is even harder to let go.

Don carried a grudge on his shoulders for many years but I never knew how bad it was until after we were married. We were always fighting and arguing and sometimes it didn't even make sense but it was what Don was taught to do best. Things eventually went from bad to worse and I left him, only to be drawn back again and then to leave again. He finally sought help from the Vet Center. They have really helped Don and I to sort out our lives.

Mr. McLean is our counselor and he has done wonders. He has helped a family that was on the brink of disaster. We were really just putting up with each other and not considering how any of us felt and I don't think at that point in our life we really cared. We also have a son, who is 14 and all communication with him came to a halt.

The Vet Center and Mr. McLean was our refuge. Together they have taught my husband how to deal with the anger he feels from Vietnam and how to deal with his everyday feelings. We were taught how to communicate with feeling without being afraid of what will happen when we do. Decisions are now being made as a family unit and not as one individuals decision, our lines of communications are now opened between all of us and there is more love in our family now then there was ever from the beginning because we are now beginning to understand each other and our own selves. In conclusion I believe that the Vet Center can do wonders for any Veteran who needs to seek counseling to put his life back in order.

Thank you for your time and the chance for me to tell you how I feel about the Vet Center and their counselors.

STATEMENT OF DON VEKE, VIETNAM VETERAN

My name is Don Veke, I served in Vietnam 1966 and 1967. I received the Purple Heart with a Cluster. The second time I was hit I received 33 holes from Shrapnel.

When I left Great Lakes Naval Hospital after 6 months of treatment and surgeries the only thing that I remember leaving with is what the psychologist told me to do, was to go home and forget about my experience. I looked at him and asked him, how?

In the morning I put on my pants, there are holes in both legs, I wash my right arm and there are also holes. I see only half of what I should because I have lost the sight in my right eye.

From 1967 until 1978, my life was hell. I drank excessively and was a total pain in the ass to be with. My first marriage ended in divorce. My second marriage also would have if it wasn't for the Fargo Vet Center, with the help and encouragement from the staff of the Vet Center in Fargo, I am now able to communicate to my family, to show love and receive it. It has not been easy but I do think that the help the Vietnam Vet needs is not the money or the pats on the back even though it does help, we need a place to go and to talk to each other, share our experiences, our joys and our sorrows, that we experienced over there.

In the last 2 years of Counseling at the Vet Center, I have accomplished to bring happiness back into my house. I have finished 1 year at Interstate Business College and am presently employed at the V.A. Hospital in Fargo. I work a 20 hour week in the pharmacy as a clerk. I very much enjoy my work and am hoping for a permanent position before too long.

I do not believe this would be happening now if it were not for the Vet Center and the Counselors.

I appreciate the time that you have given Mr. McLean to talk in our behalf.

STATEMENT

ROBERT E. HANSON, Chairman
Vietnam Veterans of North Dakota
United States House of Representatives
Veterans Affairs Subcommittee Hearing
Bismarck, North Dakota
August 26, 1982

Mr. Chairman, members of the Committee. I am Bob Hanson, chairman of the Vietnam Veterans of North Dakota.

I would like to preface my remarks with a concern. In November 1981, our organization was asked to present testimony to the United States Senate Veterans Affairs Committee, chaired by Senator Alan Simpson, in Washington, D. C. regarding Agent Orange. I submitted written testimony to the committee.

All of the concerns I raised in that testimony will be presented today. I say this because after nearly a year, I have yet to hear one word from Senator Simpson about the problems and concerns expressed in our testimony.

Gentlemen, I hope those of us here today are not wasting time by being here. I hope the concerns expressed today will not fall on deaf ears, but rather will be taken back to the Halls of Congress to be seriously considered by all the leaders of this Nation.

Also, in November of 1981 I submitted the same testimony to the Veterans Administration's Advisory Committee on Health-Related Effects of Herbicides. They responded in a timely manner. Their general response to my suggestions was "This is a matter you may want to discuss with Congress."

I had already presented this to the chairman of the Veterans Affairs Committee in the United States Senate. I felt that was an appropriate body to express our concerns. Apparently, the Senate Committee doesn't care about testimony from the Vietnam veteran, considering the response we have gotten to date.

North Dakota, a rural state with a relatively small population, had, with 61%, one of the Nation's highest percentages of Vietnam veterans to Vietnam era veterans.

One of the major problems facing the Vietnam veteran in North Dakota regarding Agent Orange physicals is logistical. The great distances between our population centers and the Veterans Administration Hospital range from 60 to 400 miles one way.

The Vietnam veteran population is pretty evenly disbursed throughout the state. This creates a major problem because the VA Hospital is on the extreme eastern border of our state. This leaves some veterans with having to travel across the entire state for a physical. The following chart illustrates my point.

	CITY	MILEAGE TO VA HOSPITAL
1.	Williston	391
2.	Crosby	385
3.	Bowman	363
4.	Stanley	319
5.	Dickinson	289
6.	Minot	264
7.	Ft. Yates	259
8.	Bismarck	200
9.	Bottineau	268
10.	Devils Lake	265
11.	Rolla	242
12.	Rugby	222
13.	Cavalier	151
14.	Grafton	116
15.	Jamestown	100
16.	Grand Forks	80
17.	Valley City	60
18.	Wahpeton	60

I want to emphasize the veterans of North Dakota are extremely fortunate to have a VA Hospital and facility the calibur of ours in Fargo. The dedication and professionalism of the staff in their concern for all veterans make them an example for other similar institutions to follow.

My comments regarding Agent Orange basically center around problems existing with taking the physical.

The Veterans Administration, Congress, and Presidents have failed miserably in the Agent Orange area. Coverups, denials, and lack of concern until about 3 years ago were the mainstay of this issue.

Suddenly we had revelations, one after the other, to the public of what our government did to our troops in Vietnam 10 years ago.

Yet, today we are still arguing over protocol for Agent Orange studies. These studies are, having been decided by high ranking officials, to be confidential and not public. While Washington argues over protocol of how to conduct a study, Vietnam veterans are dying. Deaths which are claimed to be linked to exposure to Agent Orange.

Vietnam veterans are concerned and downright scared of the possible effects that are alleged to be the result of exposure to Agent Orange.

My first concern is that there has been an inadequate dissemination of information explaining possible effects of Agent Orange.

There has to be a constant media campaign to get all Vietnam vets who may have been exposed to take their physicals.

I propose an extensive, ongoing media blitz using radio, television, and the print media alerting Vietnam veterans of what Agent Orange is, where it was sprayed and/or dumped in Southeast Asia. This campaign should contain a list of the alleged symptoms associated with exposure. It should tell the veteran how they should go about filing for a claim and/or physical, where they should go for the physical, and now long before they can expect to hear any results.

The U.S. Senate Committee has not responded to this proposal.

The Veterans Administration responded to this by saying they agreed the information has been inadequate. But they also state this is caused, in large part, because of the lack of scientific and medical knowledge of the health effects of Agent Orange.

To this I say, it didn't take our government 10 years to conduct a study of the draft to see if we should be drafted and sent to Vietnam. Why should these same veterans be forced to wait while bureaucrats argue over the protocol of studies. The results of which are literally a matter of life and death to these same Vietnam veterans.

Next, I feel an intensive, coordinated effort by all agencies on the federal, state, and local levels be made to locate veterans who served in Vietnam so the veteran can take the physical.

The U.S. Senate Committee has not responded to this proposal.

The VA responded saying they don't think an intensive effort is necessary at this time. They say the resources they have available are "scarce" and could be more effectively utilized in some other way.

Thirdly, all restrictions be removed so the Vietnam veteran is reimbursed for at least his mileage, if not meals and lodgings, to take the exam. We must keep foremost in our minds that it was our own government that did this to our veterans. The very least it can do is defray the related costs of the veterans taking the examination.

The U.S. Senate Committee has not responded to this proposal.

The VA stated they saw some merit in this proposal; however, the payment is made in accordance with Federal law and suggested I share this with Congress.

Fourthly, no veteran should be subjected to the loss of their job for the time taken to complete an Agent Orange physical. Some type of federal mandate, directive, order, or law should be issued immediately to protect the veteran in this area. I have had several veterans contact me stating their employer would not allow them to take the time off to take the exam. These veterans were mainly from western North Dakota where jobs are scarce, salaries and cost of living relatively high, and people waiting in line to work. No veteran should ever lose or be threatened with loss of their job because he or she wants to take an Agent Orange physical.

The U.S. Senate Committee has not responded to this concern.

The VA could not believe such a thing could ever happen. They assured me they would take appropriate action if they discovered this is a significant problem nationwide. In my mind, it only takes one occurrence to make it significant.

Fifthly, is the need to look at alternatives available to insure all Vietnam veterans receive the physical.

Obviously, the best and most preferable is to have them done at the VA Hospitals. If we could get the veterans to the hospital with minimal financial burden on themselves, and if the veteran could be assured he would not lose his job because he took the physical, then I see no reason for my next proposal regarding alternative ways to take the physical.

However, if these simple problems cannot be overcome, then I would propose giving the VA the authority to contract out to reputable hospitals and medical facilities for the conducting of these exams. Or having the VA provide a mobile clinic to move about the states to give the examinations.

This would provide veterans with more convenient locations at which to take the exam, thus cutting the expenses incurred by the veteran.

These contracts should be awarded on the basis of ability, professionalism, performance, facilities, and in rural states, like North Dakota, geographic basis.

The U.S. Senate has not responded to this proposal.

The VA answered they did not have the authority to contract out and that I might want to discuss this with Congress.

The Vietnam veterans of North Dakota strongly urge the continuation of the Vet Center program.

We in North Dakota are proud of the fact that our own Senator, Senator Quentin Burdick has sponsored and co-sponsored numerous pieces of legislation for continued support and operation of the Vet Centers. For this we want to take this opportunity to publicly thank him.

Numerous Vietnam vets have told me they have been able to handle their problems and themselves better because of the Vet Center program we have in North Dakota.

This is a modern solution to the needs of Vietnam veterans. Please don't let it die. Let it exist for as long as the problems facing Vietnam veterans plague them.

The Vietnam veterans have had to suffer the burden of an unpopular war for many years. They have had to watch their nation put on tickertape parades, lavish parties, White House receptions, and see Congress give substantial amounts of money to the Iranian hostages upon their return to the United States. The Vietnam veteran begrudges the former hostages none of this. But there is a deep feeling of bitterness among the Vietnam veterans that the country they fought for, the country they were ready to die for, and the country so many of their comrades did die for has treated the Vietnam veteran as a second class person. We are tired of this kind of treatment. Nearly 10 years after the end of this war our country has begrudgingly acknowledged the use of such toxic chemicals as Agent Orange in, around, and on our own troops. Yet at nearly every turn of the road the Vietnam veteran has had to fight and claw for rights, benefits, and assistance which other groups appear to be handed on a silver platter.

The Vietnam veteran wants no more than to be recognized for a job well done under the most trying of circumstances. We want only to be treated for the physical and mental injuries resulting from serving our country in time of war. We want the peace of mind accompanying the knowing of what are the real consequences of having been exposed to Agent Orange and the other chemicals used in Vietnam.

We are tired of denials, coverups, bureaucratic bunglings, study after study, and selfserving politicians who now find it advantageous to make public statements on behalf of the Vietnam veteran. We now want immediate, positive, meaningful action by the same government that we fought to preserve.

The public is being constantly bombarded with statements that everyone is going to have to sacrifice if this country is to survive economically and politically. To this I say the veteran of any war has sacrificed more than their fair share for all eternity. They have already sacrificed homes, families, jobs, mental and physical portions of their minds and bodies, and in many more cases than we like to discuss, their own lives. They made these sacrifices so that we could live in a free nation. How much more of a sacrifice do these politicians want from people who were ready to give, and in some cases did give, their lives in behalf of the defense of America and the principles America stands for?

Those who advocate the reduction of veterans' benefits, as meager as they already exist, are, in reality, weakening our nation's defense. What nation can expect its youth and other citizens to rally to arms when they see the shabby and sometimes disgraceful way it treats its veterans of previous conflicts. How we treat those who have fought for us will, in my opinion, be a factor in the willingness of people to serve in the future. I feel this nation has failed miserably in this area as it relates to the Vietnam veteran.

Again, thank you, Mr. Chairman and members of the Committee for allowing this testimony to be presented.

PREPARED STATEMENT OF DONALD RYCKMAN, LINTON, N. DAK.

Representative Daschle, Representative Dorgan, Veterans, Ladies & Gentlemen.

I want to thank both Representative Daschle & Representative Dorgan for having this meeting.

My name is Donald Ryckman from Linton, N.D. I am a World War 2 veteran.

Disabled veterans who need assistance do not always get it. I first became aware of this in 1961 but it was not until 1978 that I found out how unfair VA claims are handled. I became permanently disabled of rheumatic heart disease because of their negligence.

While in the US Army in 1945 and 1946, I was hospitalized 3 times in Germany because of swelling of knees and hands, infections, tonsilitis, high pulse rates and fever. I was treated with penicillin, quinine and sodium solicilite. I was told that I had arthritis. On day of discharge the doctor assigned me C # 905-4139 and told me I would be needing it. He was right.

After discharge, illness continued and I was in and out of hospitals. I had a heart attack at age 28.

In 1961, Dr. Allahverdi, at the VA hospital in Fargo, diagnosed my illness as active rheumatic fever. Pieces began to fit together. The illness and treatment was all similar to what I had in the service but at that time I was not allowed to see my medical records. After 30 days, I was sent home. Dr Allahverdi advised me to quit working and apply for service connected disability, which I did. It was denied and so was the appeal. This took about 2 years.

I have been hospitalised about 20 times, had 6 surgeries and spent months in bed at home. In 1977, open heart surgery at Rochester, Mn., was unsuccessful and I have since been permanently disabled.

In 1978, after learning of the Freedom of Information Act, I wrote for my medical records. I received some and one copy clearly states Clinical Diagnosis-- Rheumatic Fever. I also received a copy of Prior to Discharge Release but only the front side. Because of these copies and several others and especially because of my disability, I applied again for compensation. At that time, I felt confident that it would go thru. Instead the VA would not even allow me to apply and only with the assistance of former Sen. Milton Young, was I able to appeal. I received another denial with alot of twisted words. Some of their statements were later retracted but that did not help me.

In 1980, with the help of Greg Seurer, of the DAV in Fargo, I was granted a hearing. I tried to explain the facts but they will hear only new evidence to base decisions on and that is how they defend themselves. Quote: Final disallowance of an earlier claim does not preclude the claimant from filing a new application with the agency of original jurisdiction; however, the prior determination will not be subject to revision on the same factual basis. (38-CFR 3.104 a 19.153) In my opinion, Dr. Pearson, at the hearing said just what the VA wanted to hear. Also the VA will not accept any other doctors statements. They say they are only opinions. They do not even acknowledge Dr. Allahverdi's statements and he was a former VA doctor at Fargo. I hired Norman E. Mark court reporting service from Fargo, agreeing to pay $200.00 so that I could have a transcript word for word. That was a mistake. I should have purchased a recorder instead. I also requested and received a transcrip from the VA. In it, Dr. Pearson had retracted some of his medical opinions and as a result, it is my opinion that is why the court reporting service refused to give me a transcript typed from their own records.

Later with the assistance of Representative Dorgan, I received several more medical records from alternate sources. One new one of special interest was the back side of Prior to Discharge Release. Note # 5. In our opinion, the defect, wound, injury or disease was incurred in line of duty in military service in the U. S. The answer is YES and it was signed by 2 military doctors. It was another missing link. Especially because of this new record, I again applied for compensation. Adjudication officer, R. D. DuCharm's letter dated July 1981, reads, quote " the records that you describe as new are really not complete or new. Your service medical records contain the complete

Report of Physical Examination Prior to Discharge. Note # 5. In our opinion the defect, wound, injury, or disease incurred in line of duty in the military service of the United States. This is a printed item on the basic form." End of quote. He disregards that it is new evidence and that the answer is YES and that there are 2 medical officers signatures on it. So do you see how badly we need different people at the VA in Fargo to process claims fairly?

I maintain that I have not been treated fairly because I was not told that I had rheumatic fever while I was in the service. Then without proper treatment it eventually caused rheumatic heart disease which has caused permanent disability and yet the VA continues to refuse me service connected disability compensation.

I have copies of all these facts. They are open to anyone interested in seeing them.

Again and again these Laws are quoted:

Pertinent laws-Regulations Rating Schedule Provisions:

Service connection may be granted for disability resulting from disease or injury incurred in or aggravated by militay service (38 USC 310 and 331). When a reasonalbe doubt arises regarding service origin, the degree of disability, or any other point, such doubt will be resolved in the favor of the claimant. A reasonable doubt means a substantial doubt and one within the range of probability as distinquished from speculation or remote possibility. (38CFR 3 102)

Are they just a bunch of words to impress our young Americans ?

[From the Journal of Heredity, May 1982]

Notes

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2,4-D induced clastogenicity and elevated rates of sister chromatid exchanges in cultured human lymphocytes

C. Korte and S. M. Jalal

ABSTRACT: Potential for genetic damage in future generations from such widely used hormonic herbicide as 2,4-D (2,4-dichlorophenoxyacetic acid) is of serious concern. Yet the data, particularly on mammalian systems, continue to be inadequate and inconclusive. An attempt was made in this study to determine the clastogenic and mutagenic potential of 2,4-D in cultured lymphocytes. Chromosome damage though statistically insignificant occurred at dosages as low as 0.2 μg/ml. Chromosome damage was increased at a statistically significant level whenever the concentration was 50 μg/ml or higher. Mutagenicity, based on rates of increase in sister chromatid exchanges, was significant at 10 μg/ml or higher concentrations. Statistical testing was based on analysis of variance, Dunnett's multiple comparison tests and linear regressions. It seems imperative therefore to avoid indiscriminate use of 2,4-D, and to test the compound for long-range low-level exposures.

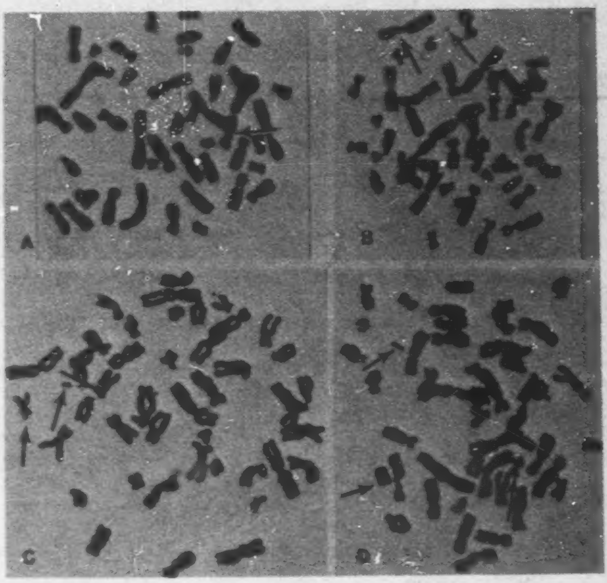

FIGURE 1 2,4-D treated human lymphocytes. *A*—chromatid gap. *B*—chromatid gap and a chromatid fragment. *C*—chromatid deletion, isochromatid fragment and chromatid gap. *D*—large isochromatid deletion.

AN ESTIMATED 400 synthetic chemicals have been used in agriculture since the 1930's to control weeds, insects, rodents, and pathogens. Until recently, the most widely used herbicides were 2,4-D (2,4-dichlorophenoxyacetic acid) and 2,4,5-T (2,4,5-trichlorophenoxy acetic acid). DDT (dichloro-diphenyl-trichloroethene), a chloronited hydrocarbon, was the most abundantly used insecticide until its ban in the 1970's. Although 2,4,5-T is prohibited from use in the United States (its use in limited amounts has been permitted), 2,4-D continues to be used on a large scale.

Plant auxin analogs (2,4-D and 2,4,5-T) are hormonic herbicides that at lower dosages act as growth regulators[2] much like the plant auxins. At higher dosages, however, they induce potent herbicidal effects. Agent Orange, an effective defoliant used in the Viet Nam conflict was composed of 50 percent 2,4-D and 50 percent 2,4,5-T[22]. It is clear from an HEW report[22] as well as the monograph of Epstein and Legator[7] that the vast majority of testing for genetic damage has been conducted on microorganisms, insects, and higher plants. The trend seems to continue in recent years[21].

2,4-D must be potent biologically to effectively defoliate in a matter of a few days after surface contact. Although reports abound on its cytotoxic effects on a variety of organisms, assessment of its potential for genetic damage continues to be seriously inadequate. We wish to present our preliminary finding on chromosome damage and rates of sister chromatid exchanges upon exposure to 2,4-D in cultured human lymphocytes.

Materials and Methods

Lymphocyte culture from four male subjects was based on the standard whole blood culture technique[11]. Solutions of 2,4-D in ethanol were prepared in eight concentrations (0.2, 2.0, 10.0, 20.0, 30.0, 40.0, 50.0, and 60.0 μg/ml) so that equal volumes of ethanol could be used for varying amounts of 2,4-D. Two controls were used, one with ethanol and the other without any treatment. After 20 hours of incubation of 0.2 ml of whole blood in 5 ml of the culture medium at 37°C, one μl of various dilutions of 2,4-D in ethanol was added to the culture. Incubation continued for another 48 hours. Air dried slides were prepared following hypotonic solution (0.075M KCL) and colcemid (0.04 μg/ml) treatments. The slides were stained in 6 percent Giemsa in phosphate buffer (pH 6.8-7.0). Data were taken on chromosome aberrations based on 200 well spread cells for each treatment and for the controls. To eliminate bias, labels were disguised until the complete set was scored. A separation greater than the width of a chromatid was termed a deletion or a break, and a discontinuity less than the width of a chromatid was termed a gap. Mitotic indices were based on 1000 cells. The results are based on four separate replications, one each for each individual.

Mutagenicity of 2,4-D was tested on the basis of sister chromatid exchange (SCE) rates from various concentrations of 2,4-D in cultured human lymphocytes. The procedure adopted is a slight modification of Korenberg and Freedlender[14] method. Lymphocytes were cultured in vials that had a wrapping of black cloth to protect photosensitive 5-bromodeoxyuridine (BrdU). Ten μg/ml of BrdU was added at the initiation of the culture. This insures BrdU uptake for two cell cycles since thymidine uptake is known not to occur in human lymphocytes in culture for about 24 hours. Harvesting of cells after 68-72 hours was by standard procedures. The air dried slides were left in open slide boxes for 2-3 days in artificial light to improve the resolution of SCE. The slides were then passed through 50 percent acetic acid at 37°C for two minutes and rinsed in distilled water. They were then gently immersed in phosphate buffer (pH 8.1) at 82-89°C for 12-15 minutes, allowed to

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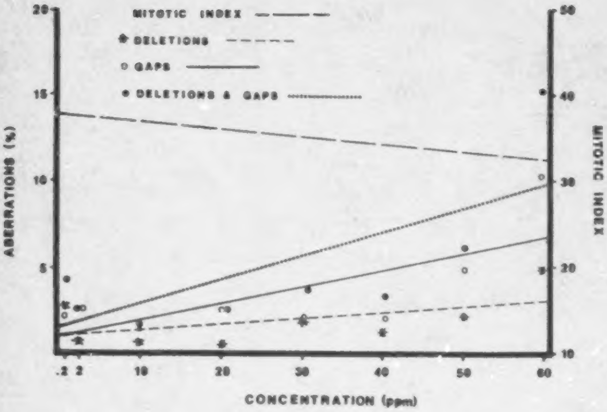

FIGURE 2 Regression of chromosomal aberrations and mitotic index on 2,4-D concentrations.

air dry, rinsed in distilled water, followed by complete air drying and stained in 2 percent Gurr Giemsa in distilled water for 5 minutes. The use of hot buffer causes some loss of cells.

Analysis of variance (ANOVA) summary tables were constructed to test the significance of 2,4-D treatments. ANOVA is effective in depicting the relative difference between treated variables and controls. Since ANOVA does not specify the treatment level(s) at which 2,4-D has significant effect, a multiple comparison test (Dunnett's test) was used[24]. The linear regression was calculated between 2,4-D concentrations and levels of chromosome aberrations and mitotic index.

Results and Discussion

Epstein and Legator[7] observed that genetic damage to mammals from pesticides may occur from incidental side effects of their own chemical structure, from further metabolism in mammalian systems to genetically active products, and as side effects from inhibition of mammalian enzymes. At low dosages, 2,4-D, like other auxin analogs, acts as a growth regulator[21]. At higher dosages these compounds are known to destabilize DNA by lowering its melting point (Tm) and uncoiling transcription sites that lead to RNA synthesis[3]. Thus, 2,4-D and other auxin analogs seem to have the potential for genetic damage. The impact of 2,4-D, particularly on mammalian systems, continues to be limited and inconclusive although the cytotoxic effect particularly of 2,4,5-T and dioxin (a contaminant) seems to be well documented[9].

Chromosomal damage from 2,4-D in cultured human lymphocytes was investigated in concentrations ranging from 0.2 to 60.0 μg/ml. At low concentrations there was a slight increase in the number of deletions and gaps (Table I). Gaps were present more frequently in the long arms (Figure 1*A* and *B*). Deletions occurred either as chromatid (Figure 1*B*-*D*) or as iso-chromatid breaks (Figure 1*C* and *D*).

Analysis of variance was performed to compare the rates of aberrations in ethanol-treated versus those receiving no treatment (Table I). No significant difference was ascertained between the two controls. Comparison of aberrations among the four male donors also was nonsignificant. Regression analysis (Figure 2) of the mitotic index on 2,4-D concentrations shows a slight decrease as the concentrations increase, although this was not statistically significant. The proportion of cells with deletions and gaps reached a maximum of 6.25 percent and 15.61 percent, respectively, at a concentration of 60 μg/ml (Figure 2). The increase in gaps and deletions combined was statistically significant, but it was nonsignificant for deletions alone.

Dunnett's multiple comparison test was employed to compare each treatment with the two controls. At a concentration of 60 μg/ml the proportion of gaps was significantly higher than in the controls. The proportion of deletions and gaps combined was significant both at 50 and 60 μg/ml (Table I). Although the cytotoxic studies of 2,4-D on mammals are limited, several reports are available that demonstrate its toxicity, on plants[8], fish[4,13,17], and birds[21]. Pilinskaya[20] reported cytotoxic effects of 2,4-D at 20 ppm and higher concentrations in human lymphocyte culture. Our results indicate that although chromosome aberration occurs at higher frequencies, statistical significance was reached only when concentrations reached 50 μg/ml or higher.

It is interesting to note that in the earlier reports[7,22] such compounds as 2,4-D and DDT were classified as compounds not suspected to react with nucleic acids and thus not suspected to be mutagenic. Earlier reports strongly suggest mutagenicity of DDT in mammals at dosages often encountered in various ecosystems[12,15,23]. It seems that the cytotoxic and teratogenic effect of 2,4,5-T is well established[9] and our study reflects significant clastogenic effect of 2,4-D at 50 μg/ml or higher concentrations.

Sister chromatid exchanges (SCE) can be induced by subtoxic doses of mutagens and carcinogens[19]. SCE analysis offers a rapid, sensitive and quantitative assay for genetic damage. The mean frequency of SCE in normal human lymphocyte culture is 6.37[5]. A significant increase in the frequency of SCE in 2,4-D treated cells compared to the control (Figure 3) is attributed

Table I. Chromosome aberrations in human lymphocytes induced by 2,4-D treatment

Concentr. (μg/ml) of 2,4-D	No. subjects	Mitotic index (%)	Deletions (%)	Gaps (%)	Deletions and gaps (%)
0.2	4	3.22	3.78	2.12	5.91
2.0	4	3.68	2.32	3.33	3.91
10.0	4	3.43	0.89	3.16	4.05
20.0	4	4.70	0.00	5.75	5.75
30.0	4	3.20	3.57	4.75	8.14
40.0	4	3.20	1.78	3.53	5.30
50.0	4	3.68	3.45	6.23	9.68*
60.0	4	2.76	6.24	15.61*	21.86*
EtOH	4	3.43	1.03	1.03	2.05
No inj	4	4.48	0.00	0.81	0.81
CD[†]		1.38	4.01	6.03	7.07
CD plus EtOH no inj mean[‡]		5.33	4.52	6.95	8.50
F value[§]		0.87	1.50	3.16*	4.32**

* Significant at P 0.05

** Significant at P 0.01

[†] Critical difference by which treatment group must exceed EtOH control group to be significantly greater according to Dunnett's test

[‡] Minimum value that is significantly greater than control (obtained by adding critical difference to mean of two controls)

[§] From analysis of variance of chromosome aberrations on 2,4-D concentrations, with 8 and 27 *df*, significance at P 0.05 = 2.31; at P 0.01 = 3.26

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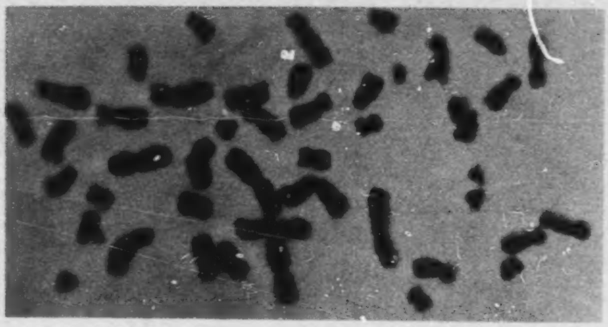

FIGURE 3 Five sister chromatid exchanges (SCE) induced in human lymphocyte cultures.

to the mutagenic effect of the compound. The proportion of SCE increased with the increased concentrations of 2,4-D. The Dunnett's multiple comparison test (Table II) indicates significance at each concentration level from 10 μg/ml and higher, compared with the controls. There was no significant difference between alcohol treated and untreated controls. The average SCE rates of 6.14 in controls in this study is quite similar to those reported by others. The analysis of variance between treatments and controls was highly significant. Nicholas et al.[18] reported a significant increase of SCE in cultured human lymphocytes at 5 μg/ml for an organophosphate, malathion (a pesticide). Our study clearly indicate that SCE rates are significantly higher at 10 μg/ml or higher concentrations of 2,4-D.

Table II. Rates of sister chromatid exchanges in human lymphocytes at various concentrations of 2,4-D

Concentr. (μg/ml) of 2,4-D	No. cells examined	Mean no. SCE per cell
0.2	9	6.44
10.0	17	9.59*
20.0	17	9.71*
30	13	10.23*
40	9	12.44*
50.0	11	12.73*
60.0	8	9.25*
EtOH	15	7.67
No inj	14	6.14
CD†		2.28
CD plus EtOH + no inj mean‡		9.19
F value§		19.78**

* Significant at P 0.05

** Significant at P 0.01

† Critical difference by which treatment group must exceed control group to be significantly greater according to Dunnett's test

‡ Minimum value that is significantly greater than control (obtained by adding critical difference to mean of two controls)

§ From the analysis of variance of SCE on 2,4-D concentration; with 7 and 90 *df*, significance at P 0.01 = 2.84

At the lowest concentrations of 2,4-D (0.2 μg/ml) cross banding patterns similar to G bands were observed although the chromosome aberration levels were not significantly different from the controls. Mutagens at low concentrations are known to induce chromosome banding[10]. The induction of banding may occur by their interference with macroprotein biosynthesis in the G2 phase of the cell cycle[1].

Because of the potential for genetic damage, concerted efforts to carefully test and restrict the use of such compounds as 2,4-D is desirable and timely. 2,4-D is one of the most widely used herbicides and consequently it is present (0.001 mg to 0.004 mg) in dietary oils, fats and sugar products[6]. In a U.S. geological survey monitoring streams in the western United States from 1966–68, 2,4-D was to be the most frequently occurring herbicide[16]. Our results indicate statistically significant increases in sister chromatid exchange rates at 10 μg/ml or higher concentrations. The chromosome damage reported here are conservative estimates since the data were taken after 48–52 hours of treatment by which time severely affected cells may not have survived. Even though a statistically significant increase in damage to genetic material occurs at relatively high dosages, the results clearly suggest caution from indiscriminate use of 2,4-D and indicate the need for further investigation, particularly on the consequences of long-term low-dosage exposure (such as to the nervous system).

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